

# THE TIMES <sup>2</sup>/<sub>AND</sub> <sup>1</sup>/<sub>REGISTER.</sub>

A Weekly Journal of Medicine and Surgery.

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EDITED BY WILLIAM F. WAUGH, A.M., M.D.

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NEW YORK AND PHILADELPHIA, JULY 27, 1889.

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of All Pepsins ■

## Merck's Pepsin 1:2000 !

SCALE OR POWDER ■

SEE "MERCK'S INDEX," PAGES 106 AND 167

## A PHOSPHORIZED CEREBRO-SPINANT.

(FRELIH'S TONIC.)

### FORMULA.

Ten minims of the Tonic contain the equivalents (according to the formulæ of the U. S. P. and Dispensatory) of:

Tinct. Nux Strychnos . . . . .	1 minim.	Tinct. Gentian . . . . .	1/2 minims.
" Ignatia Amara . . . . .	1 "	" Columbo . . . . .	1/2 "
" Cinchona . . . . .	4 "	Phosphorus, C. P. . . . .	1-300 gr.
" Matricaria . . . . .	1 "	Aromatics . . . . .	2 minims.

Dose.—Five to ten drops in two tablespoonfuls of water.

### INDICATIONS.

PARALYSIS, NEURASTHENIA, SICK AND NERVOUS HEADACHE, DYSPEPSIA, EPILEPSY, LOCOMOTOR ATAXIA, INSOMNIA, DEBILITY OF OLD AGE, AND IN THE TREATMENT OF MENTAL AND NERVOUS DISEASES.

One of the most widely known physicians in the country, residing in Washington, says: "The elegance of the formula, the small dose required, and its potency go far to recommend the Tonic to the profession in that large class of neuroses so common among brain workers in this country."

A well-known physician of Chicago, in practice since 1859, says: "It will be a revelation to most physicians. I have found it peculiarly adapted to the mentally overworked public school teachers, as well as the worn-out business man."

"I consider it the best Nerve Tonic I have ever used," says a Troy physician of thirty-four years of active practice.

"A Philadelphia physician says: 'Your Tonic is a noble remedy. Some of my patients call it 'The Elixir of Life.' In Atonic Dyspepsia and as an aphrodisiac it cannot be excelled."

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Physician's single sample delivered, charges prepaid, on application.

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THE TIMES AND REGISTER.

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Embracing the separate Syrups of Lime, of Soda, of Iron, of Potassa, of Manganese, and an Elixir, of the Quinia Salt; enabling Physicians to accurately follow **Dr. Churchill's** methods, by which thousands of authenticated cases of **Phthisis** have been cured. The only Salts, however, used by **Dr. Churchill** in **Phthisis**, are those of Lime, of Soda, and of Quinia, and always separately according to indications, never combined.

The reason for the use of single Salts is because of antagonistic action of the different bases, injurious and pathological action of Iron, Potassa, Manganese, etc., in this disease.

These facts have been demonstrated by thirty years' clinical experience in the treatment of this disease exclusively, by **Dr. Churchill**, who was the first to apply these remedies in medical practice.

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Seven grains during twenty-four hours being the maximum dose in cases of **Phthisis**, because of increased susceptibility of the patient to their action, the danger of producing toxic symptoms (as hemorrhage, rapid softening of tubercular deposits, etc.), and the necessity that time be allowed the various functions to recuperate, simultaneously, the over-stimulation of one, by pushing the remedy, resulting in crisis and disaster.

A pamphlet of sixty-four pages, devoted to a full explanation of these details and others, such as contraindicated remedies, indications for the use of each hypophosphite, reasons for the use of **absolutely pure Salts**, protected in syrup from oxidation, etc., mailed to physicians, without charge, upon application to



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Soluble Pancreatin.....3 Grains.	Hyochole Acid.....1-30 "

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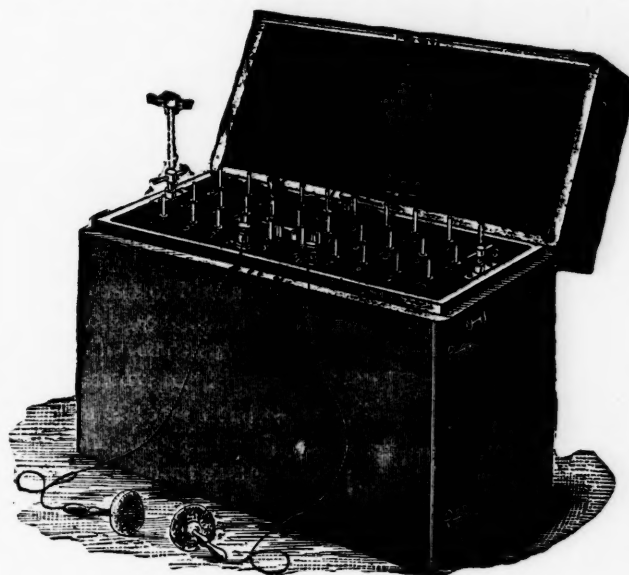
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## Notes and Items.

DR. W. G. A. BONWILL has an article in August Lippincott's, in opposition to the evolution theory. While this new Mrs. Partington may not succeed in sweeping back the ocean, it is worth while to stop and see what sort of a broom she has got, and how she wields it.

THERE has been for some time a bitter fight at the University of Michigan, over the proposed removal of the hospital to Detroit. The local influence at Ann Arbor has proved strong enough to keep the Institution there; and the professors of surgery and of ophthalmology have thereupon resigned. To fill the former vacancy, Dr. Charles B. Nancrede, of Philadelphia has been elected; and it is announced that he will accept the position. Dr. Nancrede has won a high reputation as a surgeon in Philadelphia, and will worthily represent his native city at the Michigan University.

The outgoing professors made a gallant fight for a praiseworthy object, and the sympathies of the profession generally are with them.

It has been recently announced that the Trustees of the Williamson School have selected an executive officer for that institution, in the person of Passed-Assistant Engineer, Robert Crawford, U. S. Navy. In an editorial note published at the time the provisions of Mr. Williamson's scheme were first made

public,<sup>1</sup> we called attention to the difficulties which beset the plan in its practical workings, and stated our belief that the first requisite to success was an efficient, capable executive. No ordinary man could successfully carry out the ideas of the founder, and fit them to the conditions of the present day. While the principles of industry and economy continue to form the foundation of true success in life, as they always will, yet Mr. Williamson's ideas as to the proper training of boys were too largely derived from his own personal experiences of three-quarters of a century ago, to make their adaptation to the present time an easy task. The trustees have done their part, however, in securing the man of all others, for the head of this great school. Mr. Crawford is too well known in Philadelphia to require an introduction. His work at the Spring Garden Institute, and later in organizing the Manual Training School, has attracted the attention of educators all over the country. He is an excellent disciplinarian, with that rare combination of qualities which enables him to win the affection of his pupils while exacting strict obedience to his commands. His experience in teaching boys, not only in this city, but at the Naval Academy at Annapolis, has been large and varied. Altogether, knowing him as we do, we cannot but feel that the greatest part of the difficulties in the case of this great institution have been cleared away by the choice of Mr. Crawford.

<sup>1</sup> Philadelphia Medical Times, January 1, 1889, p. 241.

## ANTISEPTIC DRAINAGE TUBES.

GLASS.



MADE AFTER PATTERNS FURNISHED BY PROF. S. W. GROSS.

These tubes have large holes, one-half inch apart, arranged alternately on opposite sides.

They are carefully finished, especial care being taken to make them smooth.

In addition to the drainage holes, each tube has at one end, two smaller holes for the insertion of Safety Pin, through which it is prevented slipping into the wound.

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No. 1,	Length 63 mm.,	Diameter 7 mm.,	4 Holes	-	-	-	-	\$1 25 per dozen.
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### RAW CAT-GUT.

Prof. Gross stated at one of his Surgical Clinics in the Jefferson Medical College Hospital, that he had just concluded a series of experiments with cat-guts obtained from different sources; and that the article which I now offer for sale, he considered superior to all others. I put this up in coils of 10 feet, four different sizes, Nos. 1, 2, 3, 4 (four is thickest). Nos. 2 and 3 are the most useful sizes.

No 1 coil 10 cents; No. 2 coil 12 cents; No. 3 coil 14 cents; No 4 coil 16 cents.

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FOR NERVOUS PROSTRATION, BRAIN EXHAUSTION,  
NEURASTHENIA AND ALL FORMS OF MENTAL  
AND PHYSICAL DEBILITY.

This WINE OF COCA is so prepared that it contains the active principle of the leaves in a perfectly pure form. Moreover, it is absolutely free from all those foreign substances which all other wines of coca contain, and which interfere, to a great extent, with its curative influence. It is well known that the cocaine contained in the coca leaves varies considerably in its proportion; hence giving to the wines, as ordinarily made, uncertain strength, and causing them to be unreliable in their action on the system. In the RESTORATIVE WINE OF COCA the proportion of alkaloid is invariable and the physician can, therefore, prescribe it with the certainty of obtaining uniform results.

**Prof. M. Semmola, M.D., of Italy,** says: Having tested and made repeated examinations of the RESTORATIVE WINE OF COCA, I hereby testify that this preparation is most excellent as a restorative in all cases of general debility of the nervous system, especially in disorders arising from excessive intellectual strain or other causes producing mental weakness. I also consider this wine invaluable for the purpose of renewing lost vitality in constitutions enfeebled by prolonged illness, particularly in cases of convalescence from malignant fevers.

**Prof. Wm. A. Hammond, M.D.,** in the course of some interesting remarks before the New York Neurological Society, on Tuesday evening, November 2, called attention to the impurities existing in most of the preparations of wine of coca, which vitiated their value, and he then said:

"Most of the wines of coca contain tannin and extractives, which render the taste of the article astringent, most disagreeable, and even nauseating, especially in cases where the stomach is weak. The difficulty arises from the fact that these wines of coca are made from the leaves, or even from the leavings after the cocaine has been extracted. The active alkaloid, which is the essential element, is therefore wholly lacking in some of these preparations, and this renders them practically worthless.

"I therefore asked a well-known gentleman of this city if he could not prepare a wine of coca which should consist of a good wine and the pure alkaloid. He has succeeded in making such a preparation. It seems almost impossible that there could be any such a substance, for its effects are remarkable.

"A wineglassful of this tonic, taken when one is exhausted and worn out, acts as a most excellent restorative; it gives a feeling of rest and relief, and there is no reaction and no subsequent depression. A general feeling of pleasantness is the result. I have discarded other wines of coca and use this alone. *It is the Health Restorative Co.'s preparation.* (Italics ours.)

"I have found it particularly valuable in cases of dyspepsia and weak stomach. The cocaine appears to have the power to reduce the irritation of the stomach and make it receptive of food. In extreme cases, where

the stomach refuses to take anything, a teaspoonful of the wine may be tried first; the stomach will probably reject it. Another teaspoonful may be given, say fifteen minutes later, and this will possibly share the same fate; but by this time the cocaine in the wine will have so reduced the irritation of the stomach that the third teaspoonful will be retained or at least the fourth or fifth, and the stomach thus conquered will be in a condition to retain food, which should be given without the wine.

"This wine of coca may be taken by the wineglassful, the same as an ordinary wine; there is no disagreeable taste; in fact, it tastes like a good Burgundy or Port wine. Taken three times a day before meals or whenever needed, it has a remarkably tonic effect, and there is no reaction. The article produces excellent results in cases of depression of spirits; in hysteria, headache, and in nervous troubles generally it works admirably. It is a simple remedy, yet efficacious and remarkable in its results."

## FEBRICIDE.

Under the name of FEBRICIDE we offer to the Medical Profession, in the form of pills, a complete Antipyretic, a Restorative of the highest order, and an Anodine of great Curative Power.

**R.**—Each pill contains the one-sixth of a grain of the Hydrochlorate of Cocaine, two grains of the Sulphate of Quinine, and two grains of Acetanilide.

In the dose of one or two pills, three times a day, "Febicide" will be found to be possessed of great curative power in Malarial Affections of any kind, and in all inflammatory diseases of which Fever is an accompaniment. For Neuralgia, Muscular Pains, and Sick Headache, it appears to be almost a specific. Reports received from Physicians of eminence warrant us in recommending "Febicide" in the highest terms to the Medical Faculty.

**N. B.**—The pills being made *without excipient*, and with only coating sufficient to cover the taste, their solubility is almost instantaneous, and consequently of great advantage where prompt medication is required.

**Dr. R. C. McCurdy, of Livermore, Pa.:** Have used FEBRICIDE in two cases with grand results. In one case of sick headache it acted immediately.

**Dr. A. J. Rogers, Juniata, Neb.,** writes: Your sample of FEBRICIDE had not been in my hands an hour when I was called to see an old lady suffering severely with Rheumatism and Hyperaesthesia which was very general, and also with Asthma, of which she had suffered for many years. I gave her a pill three times a day until she had taken eighteen. She began to get relief after the fourth pill and continued to improve. By the time she had taken twelve pills, Rheumatism and Acute Sensitiveness were no more, and she has not felt anything of them since.

**Dr. J. A. Brackett, of Pembroke, Va.:** "I have used Febicide in case of childbed fever with remarkable effect, temperature 103°. I had tried other usual remedies without much change; soon after using Febicide the change was like magic."

**Dr. C. E. Dupont, of Grahamville, S. C.:** "Febicide has proved of great benefit to the patient I tried it on. It was a case of Malarial Toxaemia in an old lady; the attacks had become very irregular and lately had been attended with intercostal neuralgia, which alarmed her exceedingly. The pills acted well and quickly, as heretofore it usually took me ten days, at least, to relieve her of an attack, but this time she was up on the fourth day and wanting to go on a visit."

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Natrolithic Salt is the solid constituent of the Natrolithic Water, and contains: Sulphate of Soda, Carbonate of Soda, Phosphate of Soda, Chloride of Sodium, Sulphate of Lime, Sulphate of Magnesia, and Carbonate of Lithia. For Habitual Constipation, Rheumatic and Gouty Affections, Biliousness, Corpulence, Dyspepsia, and all Derangements of the Digestive Tract, it is a wonderful remedy. Does not gripe after administration.

YARDLEY, PA., July 15, 1887.

DEAR SIRS: I postponed writing you regarding the Natrolithic Salts until I had given them a thorough trial. Feeling confident now that they have stood a rigid test, I feel it my duty to inform you as to the results. I have used the Natrolithic Salts in fourteen different cases, and they have fully supported all your claims and even more. In two severe cases of gastro-intestinal catarrh they acted very satisfactorily, not causing the disagreeable nausea and depression which accompanied the use of other laxatives. Their action was admired by my patients and also by myself. In one case of habitual constipation, which seemed to resist all the usual remedies, I gave the Salts, and as usual with gratifying results. As I heretofore stated, I like their effect on the system. They are pleasant to take. There is no nausea or depression; no languor or loss of appetite when their action is completed. In cases of exhausted vitality, where constipation exists, I have also tried them with the same good results. In removing indigestible food from the alimentary canal—a common complaint during the hot weather—I prescribe them daily, the action on the bowels being quick and the relief correspondingly prompt.

I trust the profession will give them a trial, feeling confident that they will be well pleased with the results obtained. Yours respectfully,  
ELIAS E. WILDMAN, M.D.

A Sample Bottle or Box of either remedy will be sent free of charge to any Physician who may wish to examine the same.

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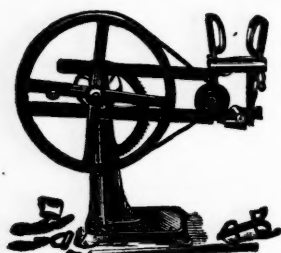
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Bone-calcium Phosphates  $\text{Ca}_2 \text{P.O.}_4$ , Sodium Phosphate  $\text{Na, H.P.O.}_4$ , Ferrous Phos.  $\text{Fe}_2 \text{P.O.}_4$ , Trihydrogen Phos.  $\text{H.P.O.}_4$

Wheeler's Compound Elixir of Phosphates and Calisaya. A Nerve Food and Nutritive Tonic, for the treatment of Consumption, Bronchitis, Scrofula, and all forms of Nervous Debility.

The Lactophosphates, prepared from the formula of Prof. Dusart, of the University of Paris, combines with a superior Pémartin Sherry Wine and Aromatics in an agreeable cordial, easily assimilable and acceptable to the most irritable stomachs.

Medium medicinal doses of Phosphorus, the oxidizing element of the Nerve Centres for the Generation of Nerve Force; Lime Phosphate, an agent of Cell Development and Nutrition; Soda Phosphate, an excitant of functional activity of Liver and Pancreas, and Corrective of Acid Fermentation in the Alimentary Canal; Iron, the Oxidizing Constituent of the Blood for the generation of Heat and Motion; Phosphoric Acid, Tonic in Sexual Debility; Alkaloids of Calisaya, Anti-Malarial and Febrifuge; Extract of Wild Cherry, uniting with tonic power the property of calming Irritation and diminishing Nervous Excitement.

The Superiority of the Elixir consists in uniting with the Phosphates the special properties of the Cinchona and Prunus, of subduing fever and allaying Irritation of the Mucous Membrane of the Alimentary Canal, which adapts it to the successful treatment of Stomach Derangements and all diseases of faulty nutrition, the outcome of Indigestion, Malassimilation of Food, and failure of supply of these essential elements of Nerve Force and Tissue Repair.

The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium and Tobacco Habits, Gestation and Lactation, to promote Development, etc., and as a physiological restorative in Sexual Debility, and all used-up conditions of the Nervous System, should receive the careful attention of good therapeutists.

There is no strychnia in this preparation, but, when indicated, the Liquor Strychniæ of the U. S. Dispensatory may be added, each fluid-drachm of the solution to a pound bottle of the Elixir, making the 64th of a grain to a half fluidounce, an ordinary dose, a combination of a wide range of usefulness.

DOSE.—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful; for infants, from five to twenty drops, according to age.

Prepared at the Chemical Laboratory of T. B. Wheeler, M.D., Montreal, D.C. Put up in pound bottles and sold by all Druggists at One Dollar.

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The New Base for Salves and Ointments, is of White Color and Perfectly Odorless; for Burns, Wounds and all Skin Diseases. Has Valuable Antiseptic Properties.

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# University of the City of New York,

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410 East Twenty-sixth Street, opp. Bellevue Hospital, New York City.

**FORTY-NINTH SESSION, 1889-90.**

### FACULTY OF MEDICINE.

REV. JOHN HALL, D.D., LL.D., Chancellor of the University.

REV. HENRY M. McCracken, D.D., Vice-Chancellor of the University.

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ALFRED L. LOOMIS, M.D., LL.D.,  
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Physician to Bellevue Hospital, and to Emergency  
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dall's Island Hospital.  
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HENRY P. LOOMIS, M.D.,  
Adjunct Professor of Pathology, and Director of the Patho-  
logical Laboratory; Visiting Physician and Curator to  
Bellevue Hospital.  
E. D. FISHER, M.D.,  
Adjunct Professor of Medical Jurisprudence and Psychological  
Medicine; Neurologist to Hospital For Incurables, B. I.  
CHAS. E. QUIMBY, M.D.,  
Assistant Professor of Practice of Medicine.  
J. CLIFTON EDGAR, M.D.,  
Adjunct Professor of Obstetrics.

THE PRELIMINARY SESSION will begin on Wednesday, September 25, 1889, and end October 1, 1889. It will be conducted on the same plan as the Regular Winter Session.

THE REGULAR WINTER SESSION will begin October 2, 1889, and end about March, 1890. The plan of instruction consists of Didactic and Clinical Lectures, recitations and laboratory work in all subjects in which it is practicable.

LABORATORIES AND SECTION TEACHING.—The complete remodelling of the College building, and the addition of the new "Loomis Laboratory" will afford greatly increased laboratory accommodations in the departments of Biology, Pathology, Physiology, Chemistry, and Physics. A new amphitheater and a new lecture room have been provided, as well as adequate facilities for Section teaching, in which the material from the College Dispensary will be utilized.

Two to five Didactic Lectures and two or more Clinical Lectures will be given each day by members of the Faculty. In addition to the ordinary clinics, *special clinical instruction*, WITHOUT ADDITIONAL EXPENSE, will be given to the candidates for graduation during the latter part of the Regular Session. For this purpose the candidates will be divided into sections of twenty-five members each. All who desire to avail themselves of this valuable privilege must give in their names to the Dean during the first week. At these special clinics students will have excellent opportunities to make and verify diagnoses, and watch the effects of treatment. They will be held in the Wards of the Hospitals, and at the Public and College Dispensaries.

Each of the seven Professors of the Regular Faculty, or his assistant, will conduct a recitation on his subject one evening each week. Students are thus enabled to make up for lost lectures, and prepare themselves properly for their final examinations without additional expense.

THE SPRING SESSION will begin about the middle of March and end the last week in May. The daily Clinics and Special Practical Courses will be the same as in the Winter Session, and there will be Lectures on Special Subjects by Members of the Faculty.

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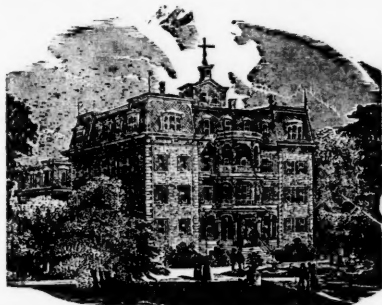
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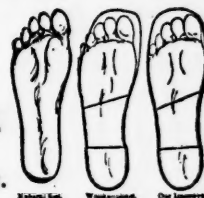
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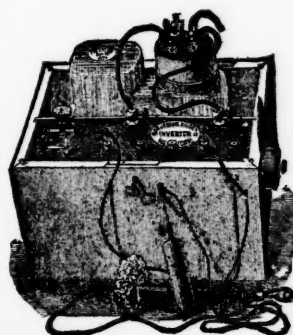
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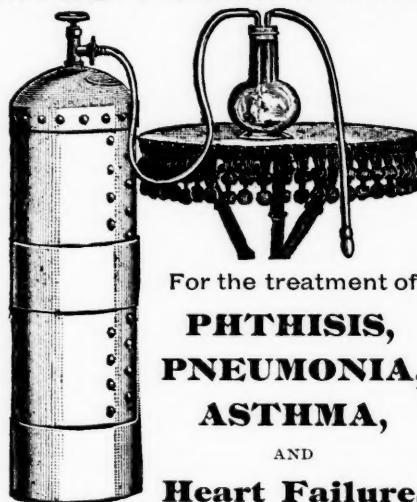
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Philadelphia Medical Times.  
Vol. XX, No. 568.

NEW YORK AND PHILADELPHIA, JULY 27, 1889.

The Medical Register.  
Vol. VI, No. 134.

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### Clinical Lecture.

#### NEURITIS.

(Delivered May 29, 1889, at the Orthopedic Hospital.)

By WHARTON SINKLER, M.D.

Reported by WILLIAM B. STEWART.

**G**ENTLEMEN: The subject of my lecture this afternoon is neuritis, or, as its name implies, an inflammation of a nerve. It may be in one or all the nerves of the body, and is known as poly- or multiple neuritis. It has been recognized as a distinct and separate affection within the last few years. It may affect the sheath of the nerve or the substance between the nerve fibers. The causes are various, as from direct or indirect injuries. A dislocation of the head of the humerus will often cause a neuritis of the whole arm from bruising, or pressure on the musculo-spiral nerve, which is most common, and disturbs the function of the parts to which the nerve is distributed. It may also come from cold. Another form known as neuritis migrans occurs in the periphery of a nerve and goes to its main trunk, and may be due to a cut or other injury; a cut causes a violent degree, and sometimes induces intense constitutional disturbances such as fever, pain, etc. It may come from syphilis or metallic poisoning. Lead palsy is generally recognized as a neuritis, and the majority of physicians hold to this belief, but it is uncertain; I myself think there is no doubt of it. It was thought that it was more common in the right arm than the left, but I do not think that observa-

tions have confirmed that view. If you take the most common form, paralysis of the extensors, we find it due to injuries of the musculo-spiral nerve.

Now, alcohol taken into the system in undue amounts causes a peripheral or multiple neuritis, and this is the only form that is caused by it. Neuritis is more common from the use of alcohol than any other cause. Gonze states that it is most common in women, but I think that I have seen as many cases in men as in women.

Sometimes it comes on, in multiple neuritis, with weakness of the extensors of the hands, wrists, fingers and legs; and at the same time, there is some transient mental disturbance, and as it progresses all the muscles of the members and trunk are affected, and the patient ultimately dies of respiratory paralysis; but before death there occurs marked mental disturbance. The beginning is complicated by pain, tenderness, feebleness, formication, prickling, constant jagging and quite acute pain along the course of the nerve. Moist heat and hot water applied along the course of the nerve will often give relief. This form is mostly alcoholic, and if seen early enough, you can count on a recovery. The first indication is to stop the use of alcohol at once, even though it is difficult to keep it from them. The muscles should be treated with massage; electricity is not good in the beginning, except galvanism to the nerve trunk when there is irritation, but when the irritation is less you may use the faradic. As to recovery, you often have contractions and disturbed sensation for a short time.



Closely allied to multiple neuritis is an epidemic form met with in Japan, that presents the symptoms of ordinary neuritis. These epidemics extend for a great length of time, and many of the people die or are disabled by it.

Another form that resembles it is the leper's neuritis, where the sensory nerves are more commonly affected than the motor. Neuritis may involve all the nerves of the body. Swelling occurs with exudation in the sheath of the nerve or the interstices in the sciatic, due to cold, injury, or a cut. It may involve the peripheral nerves of the skin, as in erythema nodosa or urticaria nodosa, in which the nerves in that region are in the state of inflammation.

Neuritis is much more important than it used to be, for by a knowledge of it we now know many forms of palsies to be peripheral instead of central, as formerly thought. What condition of things do we find in the nerves? There is an inflammation of the nerve, with heat, redness, and swelling; the vessels of the sheath are considerably engorged and the sheath itself distended by an exudation. Sometimes this exudation is in the sheath and sometimes in the interstices of the nerve; sometimes in the nerves themselves, with degeneration. Something like leucocytes are thrown out in the nerves, and the axis cylinder undergoes changes as well as the nerve fiber. The myelin is broken up, and the intervals become longer. The connective tissue increases over the substance of the nerve, and nothing but a fibrous cord remains in its place.

The most violent forms of neuritis are in the upper extremities, and may involve the whole arm or a single nerve. When the head of the humerus is thrown out of place the brachial plexus is pressed on to a certain extent, and a consequent neuritis extends down the arm. The greatest trouble appears to come from the reduction of the dislocation. I have in mind the case of a man who had an old dislocation, and shortly after it was reduced he got a neuritis. There are great disturbances in the skin, which is swollen, red, *shiny*, or even bullæ or small vesicles appear over the distribution of the nerve, that will last for months or even years, as occurred for three years in the case just cited. Many have it as the result of a fracture, with the neuritis extending to the shoulder or the hand. This is a common cause of trouble even where you have a perfect union of the bones. In these cases we have a neuritis, migrans, and consequently very limited, as in the case I now intend to show you. This woman had a fracture of the humerus in the upper third two months ago, and was treated well, with perfect union of the bone. She was left with pain in the shoulder and stiffness in the shoulder-joint, and on examination I found that the deltoid muscle had escaped injury, but the supra- and infra-spinatus muscles were much wasted, showing that the supra-scapular nerve had been affected. Generally, the supra-scapular and circumflex are involved at the same time. The circumflex nerve is often injured, and it is a common thing to see wasting of the shoulder. Many have it in the musculo-spiral nerve, as in the case of a man who had a cut over that nerve, and when healed the parts were

palsied. Pressure over this nerve in a drunken sleep is a common cause of neuritis. Lie down for a short time on your arm, or let it rest over the sharp edge of a chair for a short time, and it "goes to sleep," and you lose its power for a time, and if continued for a length of time neuritis results. Dr. Price had a patient in whom he had wrist-drop that occurred during etherization for an operation, in which the arm rested across the sharp edge of the table for several hours. The ulnar nerve is often injured where it passes around the internal condyle of the humerus, as by striking the "crazy-bone" or by pressure, and a neuritis is produced that lasts a long time. The symptoms are, first of all, numbness followed by the parts feeling as if asleep; loss of power of motion, and various trophic changes.

I have here a patient in whom the median nerve is involved. It is a case of long standing, and I wish to show the results. In June, 1887, this lady, aged 73 was a seamstress, but did not do much work for several years past; she was never very strong, and was easily tired. Her left arm began to be numb, followed by pain, swelling, and redness. Pain on pressure over the course of the nerves, especially felt in the fingers and hand, and in the median and brachial plexus. The result has been that the little and ring fingers were affected, and some of the redness and glossiness still remain. Has had supra-orbital neuralgia, but has been much improved by the use of electricity. At one time she could not use her hand at all. She was given ergot internally. This is a simple case of rheumatic neuritis. Occasionally you will see cases come on without any cause, as in the case of one who had been confined to bed for nine years, and on getting up had intense pain in the arm, with loss of power; swelling of the fingers, with red, glossy skin, and contraction of the fingers; no history of pressure or injury, but came on slowly of itself without any assignable cause.

We have a form of neuritis, as I said, that is ascending, and occurs as a result of injury or cold; quite common after cuts by glass. I have here a woman, who was cleaning a window last November and the glass broke and made a cut over the knuckles of her three fingers. The wound healed, and in three weeks she came in with inability to extend the fingers, and it was found that the extensors were cut. On February last the tendons were united, under antiseptic precautions, with complete union and free motion of fingers. In one week after the wound was healed she felt numbness and pain in her fingers. Here is a case, then, where the ulnar was affected and then the disease extended to the musculo-spiral and median nerves. Has constant burning pain and shininess on the hand, and the course of the nerves is painful to the elbow-joint. After faithful and prolonged treatment with massage and electricity she can use the hand, but the joints are still enlarged, red, and glossy, and her little finger is slightly flexed. These are the trophic changes that you hear of.

Sometimes the hand burns and pain extends to the shoulder. Injury to the ulnar nerve extends to the brachial plexus or other nerves. Do not be too hasty

in the use of electricity, as it will increase the trouble when improperly used. Use a weak, descending current along the nerves; heat, hot water, poultices, hypodermics of cocaine, and massage. Diagnosis is easy. Between a peripheral palsy of the upper extremity and a paralysis from a central brain lesion it is one of interest. Lack of disturbance of sensation would indicate that it was not a peripheral lesion—electricity also shows this.

The electrical conditions are, first of all, the muscles respond to the faradic current, and, if anything, the response is too ready. As the nerves degenerate there is loss of reaction, and it is not until this reaction of degeneration sets in that it is time to use electricity.

## Original Articles.

### THE PROPER FOOD OF INFANCY AND CHILDHOOD,

AND NEEDFUL SANITARY ENVIRONMENTS.

By B. F. HART, M.D.,  
BROWNSVILLE, MO.

SINCE a large proportion of the race die in infancy, it follows that whatever offers greater security to infancy and childhood and tends to throw around that stage of existence the protecting shield of scientific truth, must conserve a good purpose, and be in accord with approved medical work, which has for its object the prevention, abortion and cure of disease, and the prolonging of human life.

Much progress has been made in certain departments of medicine within the past few years; so much, indeed, that the obscurity through which disease has heretofore been seen, seems to be rapidly passing away and giving to the future of medicine an outlook as promising as the most sanguine dared to expect. But in the midst of this progression, however, there appears to be an evident retrograde in things pertaining to the welfare of childhood. Nature dictates certain food and sanitary surroundings for the child, which are at present greatly ignored. Shall the infant be deprived of the God-given right to draw sustenance from its mother's fount according to creative design, and have the salutary laws of its being set aside, is a question of grave import. Those who study it in the right direction and in the best interest of childhood, will deserve no mean praise, since it lies at the very root of the well-being of the race. In cities, especially, it would seem that baby foods without number, wet-nursing, cow's milk fresh and condensed, have to a very large extent superseded the good old time-honored way of nourishing the babe at the mother's breast. This is unquestionably wrong, and in direct violation of the first law of our being. Neither mother nor child can violate this law without paying the penalty, unless in rare and exceptional cases. He who created all things, adapting everything to a special purpose, must in the very nature of the case, have known what was best for mother and child, and so ordered it in creation. The female who wilfully refuses to nurse her young without a sufficient cause, deserves the severest con-

demnation, and is unworthy to wear that name dearest of all others and around which so many memories love to linger—mother.

Statistics abundantly show that women who nurse their offspring are infinitely better off in every respect. The risks of the lying-in period are greatly reduced. They are much less subject to all those diseases peculiar to the puerperal state; the womb contracts better, and involution takes place more readily and more effectually, and the long list of chronic female affections is reduced to the minimum. This is what might naturally be expected from a physiological and philosophical consideration of child-bearing. The lacteal secretion diverts the fluxion of blood from the womb where it has served its purpose; thus relieving the congestion and giving the parts a chance to assume the ante-pregnant condition. This is certainly a wise provision of nature, and may not be arrested with impunity. How short-sighted and inconsiderate on her own account must be the mother who would thus act, even should she have no regard for the welfare of her infant. And what may be said of the medical adviser who frequently recommends or tacitly acquiesces in such a course? That he has studied medicine to a poor purpose; and must meet a fearful responsibility at the bar of God when all these sacrificed little ones shall appear against him.

The mother's milk, then, is the proper food for every infant, and nothing should deprive it of this natural nourishment, unless the mother is suffering from some constitutional taint; such as consumption, mental derangement, cancer, scrofula, epilepsy, syphilis; or whose blood is so much impoverished as not to supply healthy nourishment, and the drain on her system becomes too prejudicial for her good. Rarely, a change may be required in a few cases, because the milk disagrees with the child, although nothing is apparently wrong. Such cases, however, are seldom seen, and may generally be remedied by changing the food of the mother.

Owing to overmuch physical exertion of the mother or the too free play of mental irascibility, the milk is rendered colicky or otherwise unsuited, and should be changed suitably by removing the cause. Again, unseasonable nursing is often a great worry and tax on the mother, and very detrimental to the child, subjecting it to disquiet and pain, and in too many cases producing downright sickness. It is believed that very few mothers have any regular or stated periods for nursing, which is quite necessary for the good of both mother and child. It seems to be taken for granted that when a child cries, nourishment is wanted. Too often its little stomach is already oppressed and unduly distended with food, and it finds vent to pain in crying. An infant should have the breast regularly about every four hours, and it will thrive well, be free from pain, and generally free from crying, unless it has been spoiled by too much handling or rocking. Such a child is quite a little treasure, and in the language of the poet, is a "well-spring of pleasure" to all the household. Overfeeding is no doubt a serious cause of sickness in infancy. In consequence of overfeeding the baby cries, and then is too often drenched with catnip and other teas, and

dosed with medicines which meet no indications and prove more or less injurious. It is a frequent habit in such cases to administer opiates in some form of soothing syrup, or alcoholic toddies, to quiet the child and produce unnatural slumber; and thus the round is continued days in and months out. Such a course can have no other than a bad effect on a nervous organism that is most delicate, and responds so readily to morbid impressions, to say nothing of consequent impaired digestion, which strikes directly at the seat of life, since the stomach is the laboratory upon which all the vital processes depend. While the child may live and grow under such treatment it is very obvious that its start in life is at a disadvantage, and it is not going too far, perhaps, to say that the current of its future may be sadly changed for the worse. Sometimes the infant is permitted to contract the habit of sucking its thumb, which is likely to affect it injuriously in several ways. In the act its arm rests across the chest and not unfrequently produces deformity of the same, to the great injury of its thoracic organs in after life; besides, through reflex or sympathetic action it is likely to cause an irregular and unnatural flow of the salivary and gastric juices, thereby impairing the function of digestion. This habit may have the effect also, to some extent, of pumping air into the stomach.

Through ignorance or want of attention on the part of the mother, the infant often suffers severely, diseased action sometimes being set up by arresting free respiration by the use of tight garments, and covering the head too closely with bedclothes to protect from cold, or in the use of nets to keep off flies; thus compelling the child to rebreathe its cast-off exhalations, and an atmosphere that to a large extent has already been deprived of oxygen, and consequently is unfit for use and very unhealthy. From this cause doubtless death reaps an abundant harvest from the infantile world. About the great sanitary laws applicable to infancy and childhood, the majority of parents are most deplorably ignorant, and a little sympathetic excitement only tends to increase that state of things.

A strong case in point came home to the writer many years ago. It was in the latter part of August. No rain had fallen for three months. Creeks had dried up, the ground was cracking, vegetation parched, and the thermometer ranged in the nineties, when a gentleman gave him a call to visit his child six miles in the country, and implored great haste, as he said the child was dangerously ill and might die before his arrival. He found a six months' infant at the bottom of an old-fashioned box cradle, wrapped up in three big blankets, with nothing but a part of its face and the little blue eyes to be seen. Its breathing seemed to be running away, and the pulse was too rapid to be counted. In answer to the question, why it was so wrapped, the mother said to prevent the child from catching cold; something not likely to happen under the circumstances, if it had been left naked on the ground all day. The child's wraps were removed, and it was placed on a pallet on the floor, where remaining an hour, its breathing, pulse, and tempera-

ture were found to be perfectly normal. Meantime, no doubt, the anxious parents thought they would have to send for some other doctor who would do something for the little sufferer.

To the utter astonishment of the parents, they were informed that the child was all right and needed no medicine; and none was given, although a better opportunity never happened to do a little humbugging and make a cheap reputation by administering some colored water. In those days many people thought medicine ought to be taken like pouring soot into a sink-hole; and as none was given on this occasion, the sequel came out six months after, when then father, in settlement, objected to a full charge. On being asked about the child's recovery, he said he had never seen one do so well. The question was put why he sent for a physician, and he said, to cure the child, of course. He was then asked if it were not done, according to his own showing, in a most satisfactory manner. Seeing that he was entrapped effectually, and after having it explained to him that although no medicine was given, in all probability the life of the child had been saved, since had it remained in the condition found a short while longer serious and perhaps fatal disease would have been the consequence, he took in the situation fully, and willingly paid the charge. This child, perhaps, had a touch of cholera, and the parents becoming alarmed at its cries, failed to exercise common sense, and instead of benefiting it by their attentions, were actually placing its life in jeopardy. The case may serve to illustrate a great many minor ones continually occurring in the practice of any physician in full business even at the present day, and but too plainly shows that people generally need a vast amount of education on sanitary matters with reference to the wants of childhood. Another grave error committed by parents, especially in the poorer classes, is allowing the babe to have a chair at the table and partake of the ordinary food of the family at too early a stage in its existence. It makes a good hand and does its best, but the food being wholly unsuited to its powers of digestion, cannot be used without telling to its disadvantage.

But, owing to death or unfavorable constitutional disease of mothers, or their utter refusal to discharge the motherly duty, many children have to be otherwise provided for, and hence, other plans of nourishing the baby have to be considered.

As a general thing, next in importance and reliability to the mother's milk comes that of the cow, given by the spoon or the bottle. The milk from the ass and the goat is said to approximate more nearly that of the human, but its use is not generally practicable. Statistics drawn from various sources prove that the feeding of cow's milk to infants gives better satisfaction than anything else, except the mother's milk. While this is true, the statement needs some qualifications. The mortality of infants fed in this way runs very high or reasonably low, according to the condition of the milk when given. Milk that has been drawn from the cow long enough to have undergone fermentative change does not meet the wants of infantile nature to the fullest extent,



and, indeed, it frequently becomes a source of disease, which may terminate in death. Just like other food, then, it makes all the difference in the world as to whether the milk is perfectly pure and in a healthy state, and more especially is this required for the delicate organs of children. With milk fresh from the cow, the child should be fed about one and a half to two ounces regularly every four hours for the first month, and afterwards the amount gradually increased. This milk should not have been drawn from the cow over four hours before it is used, diluted one-half with water that has been previously boiled, warmed and sweetened at the time of giving. Occasionally a little lime water added answers a good purpose when it is indicated.

In all methods of nourishing the feeding should be entrusted to the mother alone, or to some one interested by ties of consanguinity; for upon its faithful performance depends the fate of the child. The utensils used in feeding should be disinfected by boiling water at least twice a day. The want of attention to this simple requirement has caused the death of untold thousands of promising infants. The use of cow's milk under the most favorable circumstances is when it is given immediately after milking and before it gets cold, the sooner the better. Milk as it comes from the teat is the most perfect emulsion known, and is most easily digested; but in a very short time, almost immediately, the oil globules begin to separate, and no device of man has ever been able again to reestablish the same relation, and consequently it fails to bring about, when digested, so high a state of vitalization. This has been demonstrated, time and again, by old people and others of enfeebled vitality using the milk fresh drawn, resulting in a wonderful change for the better, giving flesh, strength, and health. This requirement can only be fulfilled under favorable circumstances, but wherever practicable it will well pay for the outlay. Another circumstance of almost equal importance, is to use the milk from a healthy cow; one that receives comfortable treatment, reasonable exercise, fresh, pure air to breathe, plenty of good, pure water, and a nourishing mixed food suitable to her wants. No poor, unhealthy cow should furnish the milk supply to an infant under any state of the case.

It is believed that under such treatment as is herein outlined for child and cow, the mortality rate would be very little higher than in children who draw nourishment from the mother's fount. In cities, owing to the difficulty and the impossibility, in a large proportion of cases, of obtaining good, fresh milk, other plans are resorted to, with only partial success. Many use condensed milk, and a goodly number of children live; but this is a risky business, as it is impossible to tell the condition of the cows from which the milk was obtained, or how much care has been used to keep the milk pure and have it canned under the most favorable circumstances. Still it is better than no food. To aid digestion, it is the custom now-a-days, to some extent, to peptonize the milk foods, but for a healthy child with good milk this is believed to be unnecessary.

Wet-nursing is also used to considerable extent in

cities, and if under auspices of the most favorable kind, it would probably be superior to cow's milk.

It is known, however, to those who have investigated the subject pretty thoroughly, that, as a general thing, it proves quite fatal to infants submitted to the trial. The objections come from many quarters. As a matter of fact, the death-rate of infants reared on this plan is very high. Most of those engaged in wet-nursing are professionals, who have their own babes put out to be fed on manufactured foods of various kinds, and nearly all such babes die from neglect and the want of proper food in a short time. These wet-nurses are of very unreliable character, and most generally rank quite low in the moral scale. Many of them are suffering from constitutional diseases of a bad kind, which makes their lacteal fluid undesirable, if not absolutely dangerous. They practice their calling for the money that is in it, without much regard for the welfare of the child entrusted to them, and from previous habits of life can have little sympathy with their enforced surroundings. The potency of opiates and alcoholic stimulants are but too well known to them, and they fail not to use that knowledge to drug their charge into quiet, and sometimes into the grave. This feature of wet-nursing is not overdrawn by any means, as has been attested by numerous instances which have occurred. Again, while their milk might be good for their own babes it does follow that it would answer so well for those of entirely different constitutions, physically, mentally and socially.

Children nursed in this way have had their tempers and dispositions radically changed from that of brothers and sisters nursed by the mother; and this has happened so often that its truth can scarcely longer be called in question. With the milk drawn from this source the child takes also the cast of disposition of its foster mother, which may go with it through life to its great prejudice. The loose passions and perturbations of mind to which these nurses are subject from their previous mode of life, make their milk unsuitable in quality and often quite unhealthy.

This plan of wet-nursing makes infant mortality double, in consequence of the desertion of two children by their mothers. There are exceptional cases in cities where a good wet-nurse may be found, and under the direct supervision of the child's mother all things work together for good, and in smaller towns and country districts this not unusually happens. Other mothers there are, who having become disgusted with adulterated cow's milk and the wet-nurse experiment, rest their faith in the various foods, so plentifully manufactured and extensively advertised at the present day. These foods are generally produced after the formulated thoughts of Baron Liebig, and while they appear plausible enough theoretically, their practical use often fails to meet preconceived expectations.

But allowing that infant foods are not all without merit, still they cannot take the place of human milk; besides, they are quite too expensive for the poor to use. Babies in cities, being emaciated to mere shadows on many of these foods, have been sent to the country and put upon cow's milk, when, presto!

the little fellows have new vitalized blood generated, take on flesh, assume a lively disposition; thus changing and transforming, in fact, the whole current of their lives. Wonderful was the display of foods and various compounds for the young and the old at the Exposition Building in St. Louis, on the occasion of the meeting of the American Medical Association in May, 1886, and doubtless the same display is made at each successive annual meeting. This remarkable exhibition for medical men to gaze upon, suggested the thought whether doctors and everybody else were not getting cranky on the subject. There is evidently a craze in this direction, perhaps a crazy fashion that is having its day.

If infant foods, proprietary and patent medicines shall continue in vogue with increasing demand, as appears to be the order of the day, a time will come before long when there will be little use for the mammary glands or doctors either.

Now, while this judgment is herein recorded against artificial foods generally, it is but fair and just to say that they differ greatly in value, some being almost worthless, or worse, and others serving a fairly good purpose, and may be allowable under certain circumstances. That there is quite a difference between the farinaceous (Liebig) and milk foods for infants, has been clearly shown from chemical analysis and fully demonstrated by clinical experience. So that when their use is determined on, it becomes a question of choosing the best. And since in cities it is most difficult to get good cow's milk and meet all the requirements of cleanliness and purity, and as wet-nursing comes high, with other objections, a dry food consisting of baked flour and sterilized dried milk partially digested, to which only water has to be added, would probably be the best substitute in a great many cases for the mother's milk. Under like surroundings cow's milk used alone should be sterilized before giving it to the child, by some economical process, preferably by Soxhlet's apparatus.

A very good substitute for these patent infant foods is boiled flour; in fact, there can be little doubt of its being infinitely better than many of them, when added to properly prepared cow's milk, especially if diarrhoeal trouble exists. This flour is prepared by putting good flour in a small bag and keeping it in boiling water for two or three days, though it is unnecessary that the water shall boil all the while. The inner part only of the flour thus boiled should be used. The process of boiling makes it easy of digestion, changing some of it to dextrine. Added to cow's milk, a teaspoonful or two of this flour will subserve a good purpose. The question of infant feeding is one of paramount importance, because it strikes at the very foundation of human growth and vitality. Faulty nutrition in infancy leads to structural changes in the thoracic and abdominal organs, and tends to dwarf manhood and womanhood; just exactly what happens, as is very well known, to the young and grown-up of all animals under like circumstances. Under such conditions, individuals and nations are bound to lose prestige and go into a state of gradual deterioration. The

great mortality of infancy presses this question to the notice in figures most alarming. One-tenth of all children born in this country die before the end of the first month; and in 1888, more than one-third of the children born in New York City died before the end of the first year.

This is a fearful mortality, and it shows that something is radically wrong in the nourishment of infants and in their environments as well.

True, mortality tables show that death does not reap so broad a swath in rural districts, the rate being only half as great; and it is owing to this fact that cities continue to grow and flourish in the face of such heavy mortality, since they unceasingly draw largely upon the fresh, active blood and vigorous constitutions of country life. The tenement-house system in cities does very much toward making this unfavorable showing for them in the death-rate. In addition, the heat, dust, impure air and water, the large quota of bacteria swarming on every side, and the continual prevalence of contagious and epidemic diseases come in for a large share of blame.

While not entirely as helpless as infancy, childhood and youth, in all its stages to maturity, requires watchful care and helpful interposition of medical and sanitary science.

The child, during these stages of youth, should be instructed through its parents that the use of alcoholic stimulants, narcotics, and tobacco are unnatural, supply no want in the system, and exercise a most baneful influence on the young; and that a habit is then formed through which these deleterious agents in after life, are but too frequently used to great excess, resulting in the most deplorable consequences to health, morals, mental soundness, and even jeopardizing life itself. Tea and coffee are commonly used by children and not without injurious effect. They would thrive and do much better on milk and water as diluents with other food. These drinks interfere with digestion and unduly stimulate the brain; and as nervous activity runs highest at this stage of existence, they are liable to do incalculable injury. Too much meat and too little fruit is given to children. The various cereals, fruits, and vegetables are the natural, proper, and most healthful diet for children; and this idea should be instilled into them when young, so as to make a lasting impression. The less meat they take the more healthy will they be; and abstaining therefrom, their prospects for a vigorous old age and a long life will be greatly enhanced.

It has been clearly established that many diseases come from meat-eating; and as time elapses many others, little dreamed of now, will be traced to the same source. Every day brings to light something new in this direction, and points with unerring certainty to the manifold dangers attending this indulgence. How important, then, to fix a contrary habit in childhood's young bloom! Equally important is it to teach a child moderation in the use of food, one of the great evils of to-day being intemperance in eating; and this should be indelibly impressed upon the minds of the young.

Not only is there a vast amount of gluttony in the land, but people generally eat too much and too often



for either comfort, health, or long life. The stomach should have sufficient rest between meals to come to the work every time with pristine vigor, and then night-mare and dyspepsia would be names soon forgotten. Coranro, the Italian nobleman, after he had been given up by his doctors to die at the age of forty because of previous excesses, subjected himself to the spare diet of twelve ounces of solid food per day, and continued it till he became a centenarian. No man ever enjoyed old age more happily. Free from pain, sickness, and despondency, he was ever buoyant in mind and body; and gives the most delightful experiences ever recorded of old age. Such a joyous experience of life may happen to others who do likewise. Children should form the habit and practice on it through life, of attending to nature's call to evacuate the bowels on the first intimation; and thus, in all probability, remain forever unacquainted with the harrassing troubles of constipation and hemorrhoids.

Practising faithfully on these rules, sleeping in rooms well ventilated and as high above ground as possible, taking frequent baths, enjoying to the fullest extent the free air of heaven and the glorious sunshine, with an endless amount of exercise, ought, and doubtless will, make of children healthy and long-lived men and women, just in accord with the original intention.

#### REVIEW OF PROGRESS IN MEDICAL AND SURGICAL ELECTRICITY.

BY WILLIAM R. D. BLACKWOOD, M.D.,  
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##### FARADISM IN SUBINVOLUTION AND KINDRED DISORDERS.

PARSONS calls attention to the use of faradism in uterine subinvolution and passive congestions. His extract in the *London Medical Recorder* does not give the particular method of application, but in my own practice I have found it necessary to apply the electrodes directly to the womb, and preferably by one pole to the fundus—the other to the cervix to prevent too much lateral diffusion.

*Galvanism in Gynecology.*—Dr. Ford, of Utica, alludes (at the eighty-third annual meeting of the New York State Medical Society) to galvanism in tubal diseases, and instances cases of hydrosalpinx of great severity rapidly cured by galvanism. Many cases of metritis, pelvic cellulitis, and ovaritis, in which fixation of the organs took place from extensive adhesions, were relieved under currents of two hundred ma. Subperitoneal or mural fibroids did not entirely disappear in any instance, but all the growth was checked, and in most instances the tumor was reduced to very small dimensions.

The same results were obtained by Dr. Parsons in a uterine tumor, the character of which was not decided. Bleeding followed an attempt at aspiration, but none attended electro-puncture. The mass was reduced four-fifths in bulk, and had not returned in one year after treatment.

*Extraction of Foreign Bodies from the Eye by the Magnet.*—Laquer refers to the employment of Hirsch-

berg's electro-magnet for the removal of steel fragments from the ocular ball, and urges care in its use to prevent undue laceration.

Hubbell records the notes of two cases in which steel was removed from the vitreous. It is important that a free path be afforded the foreign body should it have fallen below the wound of entrance, lest further lesion be caused by the drawing forward of the sharp fragment of metal.

In several cases known to myself broken fragments of needles and metallic splinters have been removed from the hands by exposure to the powerful magnetic field of dynamos at lighting stations, and some of the employes at these places are quite expert in this branch of minor surgery.

*Electricity in lieu of Laparotomy.*—Goelet gives his views in an extended paper in the *New York Medical Journal* concerning the substitution of either current, in many cases of pus-tubes, myomata, and pelvic depositions after inflammatory action, for the ordinary abdominal surgery. Whilst in the main his conclusions are correct, it is apparent that much of the absence of caustic effect in the vagina under high currents is due to insulation of the free surface of the electrodes by the materials used to cover them. Three hundred or more ma. in the vagina will produce caustic effect if the whole force passes, no matter what the covering of the electrode may be.

*Electricity in Gynecology.*—Bradford refers to cases of dysmenorrhœa from stenosis as cured in six sittings under eighty ma. Menorrhagia gave way to galvanism in two instances, and metrorrhagia in one, where a cure was established in three months without drugs.

In the absence of villous endometrium, I have, for three years past, found faradism superior to galvanism in hemorrhagic tendency, for the malady is generally due to flabby and enlarged uterus, which is rapidly and thoroughly condensed by induction currents.

*Photo-electrical Ophthalmia.*—Dubinski, of Kronstadt, has observed peculiar ophthalmic disorders in the case of thirty sailors who were constantly exposed to strong electric lights. A curious part of the phenomena is that the symptoms occur during sleep. The patient is awakened by intense peri-orbital pain, profuse lachrymation ensues, with severe photophobia. This lasts for an hour to three hours, and then sleep ensues. Next morning nothing is felt except the tired feeling of overwork. There is palpebral œdema, a venous retinal pulse, and hyperæmia of the papilla. The difficulty occurs only during sleep, either at night or in the daytime naps.

I cannot find any similar trouble, after careful examination, in any of our employes in this city. Men who are exposed here to constant arc light of high power do not thus suffer, and there evidently is something in the surroundings of these sailors, or constitutional defect not prevailing here.

*Galvanism in Cancer.*—Dr. J. Inglis Parsons, of Chelsea, England, has made some interesting notes on four cases of carcinoma of the breast in which strong currents were used. The doctor depends largely on the effect of suddenly interrupted currents, and does not appear to attach importance to the purely electrolytic effect of galvanism.



The advantages claimed for this method of treatment are as follows :

1. There is no destruction to the normal tissues of the body, and if recurrence should at any time occur, its progress can be immediately stopped, and the treatment repeated as many times as necessary. Life would by this means be prolonged indefinitely, provided that metastatic deposits had not occurred before the commencement of the treatment. So far, cases able to bear the full strength required have shown no signs of recurrence.

2. Patients are not obliged to lie up, but are able to get about on the day following the application.

3. The current can be passed through almost any part of the body, and thus arrest growths which could not by any possibility be otherwise treated.

CASE I.—August 15, 1888. A. L., aged thirty-eight, married. Family : four children ; three miscarriages ; last, three years ago.

Family history : Mother died from asthma ; father, alive and well, aged sixty-four. No history of cancer in the family.

Previous history : Has never at any time had any abscess or swelling in the breast, nor had any difficulty in nursing. Seven months ago she suffered from shooting pains in the left breast, and then noticed a lump there for the first time.

Present condition : On the inner side of the left breast there is a hard nodule, the size of a walnut, and a second one three times the size on the outer side, infiltrating the surrounding tissue. On the skin of the areola a distinct tumor can be seen ; the nipple is also retracted. In the axilla are three enlarged glands. She complains of shooting pains in the breast and down the arm.

Diagnosis : Carcinoma of the breast. Mr. Bryant very kindly saw this case for me, and confirmed the diagnosis.

August 23.—Operation : Ether was given, and an interrupted voltaic current, slowly raised to four hundred milliampères, was applied to the breast and tissue round in every direction. During the application the pulse became stronger, while respiration was not affected. At each make and break, the arm and shoulder were jerked up.

August 25.—No rise of temperature or discomfort followed beyond a slight feeling of *malaise*. The pain has all gone.

August 30.—Operation repeated.

September 15.—The glands in the axilla treated in a similar way, and she was sent home.

October 18.—No return of pain. The mass in the breast and the glands in the axilla are smaller and harder.

Februrary 6, 1889.—She still has no pain, and the condition of the growth remains unaltered. General condition excellent.

March 12.—Patient continues to be quite well.

The extreme height was six hundred milliampères in any of the four cases given by Dr. Parsons, but I have carried the force to an ampère in one instance of uterine cancer in which needles were employed in positive electrolysis. The patient was not unfavorably affected by the current, but having been captured by

an enthusiastic gynæcologist, I lost her. Six months afterwards she was better, but had refused operative interference at his hands. One of Dr. Parsons cases of mammary cancer had heart disease, but she did not suffer from the current. In such an instance I would certainly use puncture in high currents to avoid diffusion from large electrodes.

The details of the doctor's manipulation are not clear. He speaks of *interrupted* currents, and refers to the alternative change in polarity of the needles. Unless reversion by a proper switch was practised this could not occur, and electrolysis goes on at the polar regions notwithstanding preconceived theories on anyone's part. The procedure is certainly one suggesting full trial, for no evident injury can be done, and the idea of using the knife is so distressing to others as to prevent early operation.

The diagnosis in these cases is apparently correct ; in fact, it was confirmed by competent surgeons in some of them, Mr. Bryant amongst others.

I believe that Dr. John V. Shoemaker, of this city, is now investigating this question, and a report will be given hereafter.

*Electric Cataphoresis*.—Dr. Frederick Peterson reported to the Academy of Medicine recently the results of a number of carefully conducted experiments as to the enhanced diffusion of drugs endermically applied under galvanism. He has shown the futility of the Adamkiewicz electrode, which a New England physician, not long ago, boomed so much. The drugs chiefly employed were aconitine, cocaine, and chloroform, and his conclusions are as follows :

The cataphoric action of the constant current is beyond doubt or question.

The use of the Adamkiewicz electrode or of chloroform for cataphoresis is altogether inadmissible.

My own experiments have been chiefly with cocaine and aconite.

With the former, or with the two combined, a deep anæsthesia may be produced in conjunction with the anode, sufficient for the relief of pains in superficial nerves, or for small operations—such as the painless removal of cutaneous growths, or the electrolysis of hair roots.

The anæsthesia may be made rapid by the use of strong currents—an advantage in neuralgias—or slowly produced with a current imperceptible to the patient.

Wherever and whenever the anode is employed for the relief of pain, its efficacy will be greatly increased by moistening it with a ten to twenty per cent. solution of cocaine.

Rubbing the skin with a little alcohol or chloroform, to remove the oil globules previous to the application, will hasten the effect.

He suggests the use of electric cataphoresis for other purposes than that of producing topical anæsthesia. Wherever, for instance, iodine is used as a local application over swellings or tumors, the galvanic anode will greatly add to the efficacy of the medication.

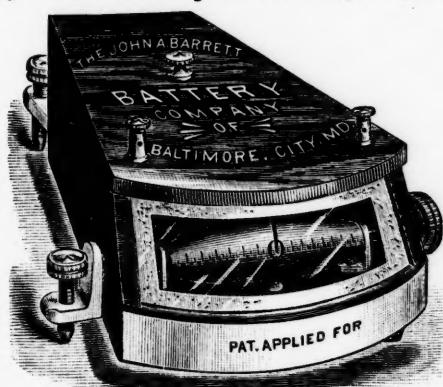
I have used cataphoresis for some time past in varied neuralgias, in sciatica, in earache and toothache ; in otalgia a few drops of a solution of one grain of

atropia-sulphate to the drachm of water applied under galvanism to the canal, will relieve the pain in a few minutes in the ordinary attacks seen in children.

W. H. Walling writes concerning electricity in gynaecology in the "TIMES AND REGISTER," of June 22, basing his remarks upon a single case, and deducing from the experience gained the conclusion that currents of from two to thirty milliamperes are sufficient for the reduction of myomata. He states that he never saw a case in which pain was not caused by mild currents, and inferentially decries the use of the so-called high application. It is a new idea in electrolysis to hear of "cauterization" by twenty milliamperes for three minutes, but as the polar application was apparently indifferent (or changed from time to time), not much testimony could be secured on this point from the example noted. I have never, in many hundreds of cases, known of discomfort, let alone pain to be caused by fifty milliamperes, and I often employ over a hundred without comment on the patient's part. He states: "I cannot coincide with those who claim that no pain is caused by such applications, agreeing rather with Dr. Martin, of Chicago, that if properly used they do not cause sufficient pain to require an anæsthetic." How many cases he bases his opinion on is not disclosed.

*Electrical Illumination of the Bladder.*—Mr. E. H. Fenwick writes concerning this in the *British Medical Journal*, and believes that the procedure is "performed rapidly and routinely in private or out-patient practice," and usually without anæsthesia. He also thinks that "cystoscopy is, if it be gentle and purposive, as free from risk as routine catheterism or sounding." This is encouraging, but young electrotherapists should not rush in frantically with a view of discovering the hidden diagnosis in difficult cases. They may come to a different conclusion, even if nothing else happens to them.

*New and Improved Apparatus.*—Messrs. Queen & Co. have added a condenser to the discharging-rods of their static-electric machines which increases the density of the direct spark decidedly. The device



consists of a metallic and vulcanite plate which is substituted for one of the balls, and it is readily put on or removed. The piece can be applied to any of their Toepler-Holtz machines, and it is inexpensive.

The John A. Barrett Company of Baltimore, Md., has added a new mil-am-meter to their list of appa-

ratus, which has several advantages. Short, astatic needles are used, but the pointer of aluminum is four inches long, hence minute movements are multiplied. The magnetism is uniform and constant at any point of the country, as the system is not influenced by terrestrial magnetism. It has three independent reading scales. The interior connections are automatic and readings are direct, no multipliers being needed.

The uses of electricity are ever multiplying. Who could ever have dreamed that the electrical current manufactured by the public lighting companies conveyed along the streets would be switched off on special wires to go into the very mouths of the people! It is a fact. A man sits down in a dentist's chair nowadays and has his teeth repaired by the huge dynamos that are used for feeding the street lights. The patient lies back in a darkened room (if it is a dull day), an incandescent light illuminating the caverns of his mouth. The tooth is washed with water heated by electricity. It is dried and kept dry during the filling by air heated in the bulb of a little blowpipe by two red-hot platinum points. It is gouged and scraped, and scoured, and hammered, and sawed by little instruments that wriggle around on the end of the same electric current.

"Yes," says a dentist laughing, "and if you fall asleep during the operation we can just give you a little shock to wake you up."

Scientist Jansen, of the Mendon Observatory, has recently been engaged in examining the electric lights on the Eiffel tower, in the Paris Exposition grounds, with a spectroscope. He finds that at a distance of eight miles oxygen is present in a group of electric rays, tested after the manner of a solar spectrum. Prof. Jansen, therefore, concludes that this effect is due to oxygen in the atmosphere. There is no oxygen evident in a solar spectrum. The spectra of the sun are white.

*Natural Electricity.*—An extraordinary tale comes from Burmah. Mr. Ronald H. King, an electrician well known to the Burmese, while on a prospecting and shooting expedition in the island of Labuan, is said to have discovered a mineral from which electricity can be obtained without apparatus of any kind whatever. The mineral is described as being in the form of a black stone, of excessive hardness, and very great specific gravity, being nearly as heavy as platinum. A small block in the shape of an irregular cube, measuring 4.3 inches one way, by 5.2 inches the other way was brought away, and, on bringing it into the testing-room, a strong effect was noticed upon the galvanometer. At first it was thought that the mineral was an ordinary loadstone, but on tests being made, it was found that the force was more akin to that of an electro-magnet, and that a strong current would flow when the mineral was connected in a circuit. Further tests revealed that a difference of potential of forty-seven volts could be detected at the extremities, the internal resistance of the mass being twenty ohms. The block appears to waste away very slightly, leaving a slight gray powder upon the surface when connected up for some time. The electrician now uses the block to light a couple of incandescent lamps in his laboratory!



## The Polyclinic.

### PENNSYLVANIA HOSPITAL.

#### HIP-JOINT AMPUTATION.

**A** SHHURST presented a man about thirty years of age, whose left leg was to be disarticulated at the hip-joint to stay the progress of a malignant tumor developing in the stump of a previous thigh amputation. The patient had a history of being struck on the knee fifteen years ago, with a baseball, the sequence of which was the development of a fibroid tumor, which was removed. In 1887 a second slight injury caused the development of a tumor of a different kind, which was also removed and shown to be surrounded by a capsule. It appeared again in the diffuse form, when a high thigh amputation was performed. Malignant tumors, remarked the professor, are not infrequently found to be surrounded by a capsule. Cunningham, of Manchester, Eng., reported a case in which he had found a scirrhous tumor enclosed in a capsule. In performing the operation an abdominal tourniquet was used to control hemorrhage; pressure being made on the left iliac artery at or near the bifurcation of the aorta, and sufficiently strong to stop pulsation in the left femoral artery. The efficiency of this method of controlling hemorrhage was well demonstrated in that the operation was a comparatively bloodless one. The femoral artery was ligated before being cut, to guard against any mishap. A circular incision was made, care being taken to exclude every evidence of malignant growth in the parts reserved.

#### PEDICULI CAPITIS.

For relief from these evidences of health (?) Longstreth recommends the application of soda solutions in the form of a poultice. The glue surrounding the egg which is fastened to the hair is dissolved by solutions of soda. The only objection to their use is that they change the color of the hair. But this should not militate against its use upon children. Baking or washing soda may be used as the needs of the case require. The hair should first be thoroughly soaked with a saturated solution, then it should be covered with a cloth saturated with the solution. The head should be then covered with oiled silk and bandaged.

In cases of typhoid fever, says Longstreth, where the mesenteries are involved, the application of fatty poultices to the abdomen is of immense value.

Persons having false teeth are more liable than those who do not have them, to swallow irritable poisons unawares. False teeth diminish the extent of sensitive surface.—*Longstreth.*

### MEDICO-CHIRURGICAL COLLEGE.

#### REMOVAL OF UTERINE FIBROIDS.

**T**HE patient was a colored woman, thirty-five years old, married, and had one child seven years since. Three years ago she noticed that her abdomen was enlarging, and it has distended steadily until the present time.

She also began to experience increasing trouble from pressure on bladder and rectum. There was a constant and annoying sensation of weight in the abdomen.

Upon making an examination, an irregular mass could be felt in the abdomen, extending up on the right side to the right hypochondriac region. This growth was movable.

Another irregular mass, felt below filled up the pelvis, and over the anterior surface of the abdomen, low down, could be distinguished a number of small nodular bodies. A diagnosis of multiple fibroid was made.

As the patient suffered so much from pressure symptoms and the weight of the mass as to render her unable to earn her living, she was very anxious to have the growth removed.

The operation was performed July 16, by Prof. Montgomery, assisted by Prof. Stewart, and Drs. West and Dorland.

When the patient was under the anæsthetic, the nodular character of the tumor and its irregularities could plainly be seen, on account of the thin and flabby abdominal walls. An incision was made, beginning one inch above the pubes and extending to just below the umbilicus. Several corkscrews were inserted into the mass above, and with some difficulty it was withdrawn down and out. As the growth was raised below it was found to be partly intra-ligamentous on the left side. The broad ligament was accordingly divided on either side, whereupon it was noticed that the cervix was long enough to form a pedicle. A rubber ligature was accordingly thrown around the cervix and the whole mass cut away. Pins were passed through the stump at right angles and Cintrat's serre-nœud applied to the pedicle just below the pins. Considerable difficulty was experienced in controlling the bleeding vessels on either side, owing to the large amount of raw surface exposed. After securing all these vessels, a drainage-tube was placed behind the stump, and the abdominal walls closed.

Since the operation the patient has had so little pain that only one dose of one-fourth grain of morphine has been given. The drainage-tube was removed on the third day. Her highest temperature has been only 100 $\frac{3}{4}$ ° F.

### JEFFERSON HOSPITAL.

#### CYSTOTOMY.

**A** MAN who for over a year had felt much pain, in the neck of the bladder, and who after urinating passed more or less blood, was thought by his physician in the country to have a stone in the bladder and came down to the hospital for the purpose of having this removed.

The surgeons were unable to find any stone, being able to make out only a ribbed or rugose condition of the bladder walls.

For the purpose of giving that organ rest, however, and to make a still more thorough examination it was thought best to perform a cystotomy. Nancrede entered the bladder by the infra-pubic route, having



made his incision in the median line. No calculus could be discovered, but digital examination disclosed a more or less papillomatous condition of the vesical mucous membrane. Several small masses were removed with the forceps. A catheter was then inserted through the wound into the bladder and the patient returned to the wards.

#### OSTEOTOMY.

This man presents a marked deformity of the left femur at its lower third, forward and outward. Six weeks ago his thigh was broken, and when he came in here, a few days since, he had a very neat plaster-of-Paris dressing on, and there was good union of the fractured ends; but, strangely enough, the dressing reached only up to the seat of the break, and hence this unsightly and troublesome deformity. The patient, a man, wishes to be relieved, so I shall rebreak that bone. I can do that either by first puncturing a small opening to the bone by means of a tenotome, drilling holes in the femur and then breaking it; or I may make a longitudinal incision to the bone just long enough to admit this chisel, and by the aid of a mallet, chisel the bone in two.

Instruments for both methods are here, but I shall choose the latter plan.

Having reached the bone with my chisel, I turn it at right angles to the incision and strike firmly with the mallet. This mallet I consider especially good. It is in the form of two cones with their apices together, and the handle connected at the slenderest point. These cones are filled with lead, making a good weight—one pound—in a small bulk, and also giving a sound as dull as that of a wooden mallet—an important point in private operations. After cutting partly through the bone in center and sides, I am able to break the remainder with the aid of several of my assistants.

The leg is now quite straight, and is not appreciably shortened. He will be put to bed with extension to the leg, and sand bags on either side for a few days, after which a plaster-of-Paris dressing will be applied. The operation has been done antiseptically, and I fear no untoward consequences.

For drainage I have put a few strands of catgut into the wound, and you notice that I take particular care to place them close together.

If the strands are allowed to be scattered, the effect of capillary attraction is lost, and they are of no use.

Moisture is also necessary, so I cover the wound with a piece of oiled silk.—*Nancrede.*

#### SALIVARY CALCULUS.

Here is a patient with an enlarged gland of the neck to be removed. Instead of making the ordinary incision, I shall make one in the line of future wrinkles, so as to make less deformity.

At the first cut I strike something hard and gritty, and you see I have removed a number of small calcareous particles; so that I believe we have here calculi in the submaxillary gland. Instead of cutting, then, I shall curette the rest of this, for in a place like this it is just as well to use the knife as little as

possible. The facial artery is near this spot, and it would be no desirable complication to cut that.

—*Nancrede.*

#### PROSPECTIVE DIGITAL DIVULSION.

Barton brought before the class a little patient of about three years of age, suffering from obstruction of the cardiac orifice of the stomach. This obstruction is probably due to a tumor, detected by dulness on percussion.

The case was admitted by Barton to the wards for further observation; and if the statements made by the parents are verified, he purposes opening the abdomen, and if he fails to restore the caliber of the cesophagus by dilatation from the stomach or by removal of the tumor, he intends to perform gastrotomy.

#### ABSCESS OF TIBIA.

Here is a young man who has suffered great pain in the tibia for the last year, and I intend to trephine, with the expectation of finding a collection of pus. Upon trephining it was found that the tibia had undergone much thickening, and an abscess cavity was found that contained about an ounce of pus. The bone was then opened for some three inches, the whole length of the pus cavity, after which this was thoroughly cleansed and packed with mercurial gauze.—*Barton.*

#### WIRING A FRACTURE.

A case of ununited fracture was presented, which was of six months' standing. The accident had happened from the patient's having been caught in a rapidly revolving belt, and had resulted in four fractures of the forearm—two of the radius and two of the ulna, the latter compound. But one of the four fractures had united.

Barton first exposed the points of fracture, freshened with the saw all the edges, drilled and wired the fragments in position. The operation was performed antiseptically. The parts were at once put up firmly in a plaster dressing, and so far there has followed no constitutional disturbance whatever.

**BANQUET TO TRAILL GREEN.**—A magnificent banquet was lately given at Easton to that eminent and honored member of the medical profession, Traill Green, A.M., M.D., LL.D.

Many distinguished men were present and vied with one another in complimenting this aged and much loved man.

Jokes, merriment, good speaking, and good viands were the order of the evening, and everyone left much pleased with the happy event.

THE yellow fever scare in Brooklyn came at a particularly bad time for at least one of the principals—Dr. Bogert, who attended Dr. Duncan, the patient. The health officers quarantined Dr. Bogert, locking him up in a house, guarded by two policemen; where according to private advices he was perfectly furious, because at that very time he was looked for by a fair maid in Montreal whom he was to wed.

It seems now that after all Dr. Bogert was right; the disease was simply remittent fever.

# The Times and Register

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WILLIAM F. WAUGH, A.M., M.D., Editor.

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## HYDRO-THERAPEUTICS.

THE history of water as a remedial measure is replete with interest and affords the clearest demonstration of the instability of therapeutic propositions and the influence of prevailing thought upon the latter. From the day of Hippocrates, who wrote the *Tract de usu Liqueurum*, and Asclepiades, who was dubbed "Psychiologus," because of his advocacy of water in the treatment of diseases, some of the most eminent teachers and practitioners of medicine have been its warm supporters, and laymen, who have left their impress in history, have benefited from its practical application. Among the latter, in ancient times, it may be of interest to mention the Emperor Augustus, the poet Horace, and the philosopher Seneca. The tendency of the leading men in the past to form systems based upon some idea propounded and taught by themselves, has relegated many valuable therapeutic measures into the ranks of empiricism. Water has suffered more than all others, rising now and then to great popularity, only again to fall into desuetude. The literature of this remedy exceeds that of any other, except blood-letting, occupying twelve and a half columns of the Surgeon-General's index catalogue. So long as medical questions were surrounded by a philosophical nimbus, and speculation was the chief guide in the treatment of disease, so long did water experience the vicissitudes of other remedies. But since the utilitarian idea has become predominant and since it has become the chief aim of the physician to cure disease rather than to speculate upon it, the recognition of so-called empirical measures in therapeutics has become more pronounced. The advent of Priessnitz has, during the past half century, brought the practical results of hydro-therapeutics prominently before the lay public and through this channel before the medical profession. This is only a repetition of the history of other remedies.

Fortunately for suffering humanity several scien-

tific physicians studied the methods of Priessnitz seriously, although the Paris Academy of Medicine condemned it in 1842. Lubanski and Fleury, in France, Van Housebronk, in Belgium, Schedel, Virchow, and, most enthusiastic and scientifically exact, Winternitz, in Germany, Gully and Howard Johnson, in England, are only a few of the men to whom we owe the combined clinical and scientific demonstration of hydro-therapeutics, which places the latter upon an enduring basis.

The advances made in the theory of fever, which began in Virchow's great work, have gradually led to more firmly establishing hydrotherapy in acute diseases, especially in typhoid fever. The works of Juergensen, Brand, Vogel, Naunyn, Glenard, Trippier, and others, have yielded the marvelous result, that the mortality of typhoid fever has been reduced from 25 per cent. to 2 per cent., and the end is not yet.

The preëminent therapeutic value of water finds eloquent expression in a series of clinical lectures, now being published by Von Ziemssen, whose graphic style, clear exposition of clinical points, and practical methods of treatment forcibly remind us of that brilliant clinician Trousseau. In the lecture (No. 10) on Tuberculosis, occurs the following passage: "I cannot finish the chapter without mentioning hydro-therapeutics, which here as well as in the already developed tuberculosis play an *extraordinarily important rôle*." In a lecture on Chronic Stomach and Intestinal Diseases (No. 12), he says: "I have frequently mentioned the thermic methods which were used with advantage in the cases described. I cannot here enter upon hydro-therapeutics in general but desire to impress upon you the fact that they act very favorably upon disturbances of the digestion and especially upon chronic stomach catarrh, atony of the mucosa lining, and of the muscularis, etc."

In the lecture on Scarlatina (No. 14), he says: "It remains, therefore, the most prominent aim to maintain as much as possible the power of resistance of the organic cells, and to spur the energy of the innervation. In the first rank stand here hydro-therapeutics, etc."

Similarly does Von Ziemssen express himself on its value in neurasthenia and other diseases. The testimony of so practical a clinical teacher cannot be disregarded. Indeed, the large number of institutions now in Germany, under the guidance of trained and scientific hydro-therapeutists, affords evidence of the regard in which the method is held by practical men.

It is singular that the practical turn of the Yankee, who is so quick to adopt everything profitable, has not yet asserted itself in this promising field.

The reason may be sought in the fact that "hydropath" and "water-cure" have become a stench in the nostrils of decent men. The empiricism of the practitioners who have endeavored to build them up as a sect, has alienated the profession and has thus



prevented the recognition of the true value of a scientific hydro-therapy.

Even the great work of Winternitz in English translation (Wm. Wood & Co., 1886), appears to have been overlooked by the profession, if we may judge by its fruits. A careful perusal of this scientific and practical exposition of hydro-therapeutics will surely rescue the latter from neglect and add a mighty weapon to the physician's armamentarium. We hope to present this subject frequently to our readers, and we anticipate a revival of hydro-therapeutics methods, which since its introduction by the father of medicine, legitimately belongs to its domain.

#### A TYPHOID SCARE.

THERE is an apparent attempt on foot to create a panic upon the subject of typhoid fever. Our position upon the subject of public hygiene has surely been stated with sufficient clearness and emphasis for all to comprehend it. But we have *no* sympathy with the movement in question, which we believe to be founded upon mistaken premises. The point of attack at present is the Schuylkill water; which might be better and might be very much worse.

The experience of Plymouth, and of many another localized outbreak of typhoid fever, shows that the materies morbi of this affection may exist in water and that comparatively large bodies of water or running streams may become contaminated to such an extent that every susceptible person partaking of the water in its natural state may contract the disease. But the history of these outbreaks proves entirely too much for the theory of the alarmists. The epidemic at Plymouth affected practically every person who was susceptible to the disease; and died out for want of material to work upon. In the smaller outbreaks recorded, where an infected well has been the source of trouble, the same rule has inured; every person being attacked who made use of the water for drinking.

This is our principal reason for believing that the drinking water in Philadelphia is not at fault. In Plymouth over one-third of the population was affected. The same ratio would give Philadelphia 400,000 cases! Instead of this, we have a little over a hundred cases reported last week; of which 11 proved fatal. It must be remembered that the drinking water is not the only means by which the germs of typhoid fever find access to the human body; though in epidemics it is the most important avenue. The air of infected privies is capable of imparting the disease. The use of bedding into which typhoid stools have been discharged, and the gases generated in sewers, into which typhoid stools have been thrown, are as capable of propagating this fever as is infected water. In a great city of over a million inhabitants, such sources of contagion may easily exist in number sufficient to account for every case of typhoid now reported, without resorting to the infected water theory, which fails because it proves too much.

The distribution of typhoid fever favors the explanation here given; for it is easy to see why the disease should prevail along a street lined with elegant mansions, all connected with the same sewer, when a small street in the rear, with a poorer class of residents, crowded more closely, with less breathing space, poorer food, less knowledge of domestic hygiene, should be free. The water-infection theory utterly fails to explain such anomalies; the sewer-infection theory renders it difficult to see how the facts could be other than they are.

With a palpable inconsistency, the parties who are railing at the Schuylkill water, say but little about the fact that the region supplied with Delaware water furnishes the larger number of typhoid cases. To those unacquainted with the Kensington district this would seem an argument in favor of the water-infection theory. But, even here, the facts are not in accordance with the histories of undoubted epidemics from water infection. The great sewers of Philadelphia nearly all pour into the Delaware River; and this sewage is carried up and down by the tide, so that at times it is impossible to avoid pumping this polluted water into the reservoirs. If the water be allowed to remain for a few days, the coarser impurities subside, and the water has a fairly good appearance and taste; though it is never comparable in purity to the Schuylkill water. In these subsiding reservoirs we find precisely the conditions for the cultivation of a general epidemic. The sediment of organic matter, disturbed only when the periodical cleaning occurs, offers a suitable nidus for the propagation of the typhoid bacillus. That a general infection of the people of Kensington has not occurred, is pretty good proof that the drinking water is not at fault.

Apart from this, there are other causes which may account for the prevalence of disease in this section of the city. The people are generally poor; their homes are unsanitary. Along the river front, many cellars are washed by the tide, which in some cases brings the sewage-laden water up to within a foot of the floor. Short sewers run directly down to the river, and the tide backs the effluvia up into the houses connected with these drains. Some years ago the writer made an investigation which showed that along the margins of the Cohocksink Creek the death-rate was far greater than in the rest of the Sixteenth Ward; and that the increase was in such diseases as phthisis, diphtheria, scarlatina, and cholera infantum. The creek has been since covered over; but Gunner's Run still remains, with its stagnant, inky stream, dotted with masses of offal from the slaughter houses, an open sewer in the heart of a populous district. Though a merciful Providence seems to have prevented the infection of the Delaware water with typhoid germs, it contains organic impurities of other varieties, in quantities sufficient to cause a great deal of sickness.

These causes of a generally sickly condition, together with the crowding of the population and the



general ignorance of sanitary laws, appear to us quite sufficient to account for the greater prevalence of typhoid fever in Kensington, without invoking the presence of Klebs' bacillus in the drinking water.

There is a method by which the dangers existing in the water, not only of typhoid fever but of every other affection the germs of which may be carried in water, can be prevented. It is absolutely innocuous, certainly efficacious, and so little costly that the poorest housewife may avail herself of it. All that is necessary is simply to *boil* the water which is used for drinking or cooking, and allow it to cool before straining it. Even a filter is unnecessary; and may possibly prove a source of danger.

When so simple a remedy is at the hands of everyone, requiring so little intelligence or skill in its application, is it not allowable for even the most earnest sanitarian to hesitate, before giving in his adhesion to the cry for an expenditure of thirty millions for new aqueducts?

## Annotations.

### THE TREATMENT OF WHOOPING-COUGH.

IT is a well recognized axiom in therapeutics that a multiplicity of remedies furnishes a fair indication of the incurability of a malady, and that the more loudly these remedies are vaunted the less efficient they are as a rule. Whooping-cough has long been an opprobrium medicorum. Unlike many other diseases of long duration, this disease announces itself in the most obtrusive manner. That its unmistakable note carries alarm to the stoutest heart of a mother, was illustrated a few days ago to the writer, who in approaching his office on his semi-weekly visit, was surprised by seeing four children and two ladies grouped upon the stoop. "There is a case of whooping-cough inside," was the anxious greeting offered by the alarmed mothers.

Amid the multitude of remedies proposed for this malady, it is difficult to steer clearly. A recent paper by Dr. Genser, reported in the *Wiener Klin. Wochenschrift*, No. 2, affords some interesting data, which will prove of value to our readers, because they represent a calm and judicial deduction from the material of a large outdoor pediatric service.

Referring to nasal insufflations of pulv. resin. benz., which Michaelis, of Hamburg, had found efficient in 75 per cent. of 300 cases, he states that he had applied them in thirty-six cases, without being able to confirm M.'s results. While our personal experience is in the same direction, and leads us to agree with Genser, that this is an unpleasant method which is sometimes followed by more severe paroxysms, and that the difficulty of applying it to young children is sometimes insurmountable, the fact remains that the small number of Genser's cases cannot be accepted as evidence against Michaelis' much larger experience. Insufflations deserve a further trial.

Of antipyrin, on the contrary, Genser speaks favorably from a trial of one hundred and twenty cases. He regards it as the most effective treatment at the

present time. It was easily administered, it diminished rapidly the intensity and number of the attacks, and shortened the duration of the disease, especially in recent cases. Complications occurred less frequently. It proved quite innocuous, there being only one case of eruption from it. The dose should begin with one and one-half grains per diem for every year and should be increased to two grains if needed. Demme, Robin and Germain Seé have demonstrated in their experiments on the tissue changes during antipyrin administration, that it inhibits the reflex powers. It may in this wise diminish the number of the paroxysms.

The facility of administering antipyrin to children and its non-interference with the organic functions place it in the first rank of all our remedies, although all remedies are secondary to proper hygienic management, cleanliness, a plentiful supply of fresh air and good food.

We will be glad to receive reports on this remedy from our readers, provided they have been carefully recorded.

MILK sugar in cardiac dropsy is regarded by Germain Seé as the most reliable and least harmful diuretic. He attributes the good effects of a milk diet almost exclusively to the lactose. One hundred grammes ( $3\frac{1}{2}$  oz.) lactose will produce an enormous diuresis, increasing the daily discharge in twenty-four hours to two and one-half liters, and daily overreaching this, until on the third day, four to four and one-half liters are voided. Milk sugar, therefore, removes cardiac dropsy surely and rapidly, and only fails if Bright's disease complicates it. It is usually well borne and may be continued for eight or ten days or longer, with intermissions. When cardiac dyspnoea co-exists, Seé resorts to iodide of potassium.

### A MEDICAL INDEX.

IN this number will be found an index of the original articles published in our exchanges, especially those which are of interest to the practitioner. This index will be continued each week; so that the subscribers to the TIMES AND REGISTER will be enabled to see at a glance what papers have appeared during the preceding week on any subject specially interesting to them, together with the names of the authors. The exceeding richness of the literature of medicine renders it impossible for any journal to present even in the briefest abstract a tithe of the valuable papers which are published. This Index will enable our readers to send for copies of the original journal containing any article they want. This is experimental, and it depends upon our readers whether it will be continued. Our space is necessarily limited, and we wish to utilize it to the best interests of those who support the journal. If this Index meets with their approval, we would be glad to have them say so.

WHAT are all the abominations to be gathered from drinking water, as compared with those we give our children in cheap confectionery?

## Letters to the Editor.

### TREATMENT AND MANAGEMENT OF INFLAMMATORY DIARRHŒA IN CHILDREN.

**T**HIS disease is one of the most fatal, and during our summer practice we generally run across a few little patients suffering with it, who exhaust our medical skill. So dangerous a disease should be carefully studied by every physician.

The first thing to be considered is the hygienic management. Such patients should be placed in a well ventilated room, or in late evening they may enjoy the outdoor air. I forbid placing them in a closed cradle for their resting place, as it is too heating and will exhaust them much sooner.

Next comes the dietetic treatment. Children suffering with an acute attack should be debarred from food for the first twelve or twenty-four hours, during which time, if they seem to be eager for drink, you may allow ice cold barley water every half hour. After this time has elapsed you may let them nurse, if they had previously been nursing, but, if bottle fed, you should withdraw the milk diet altogether and resort to wine whey, barley gruel, juice scraped from raw beefsteak, or some good prepared food.

If the child has been nursing I think nothing is superior to the mother's milk. If from any cause the child has to be removed from the mother's breast a wet nurse should be selected, and if that cannot be had I prefer fresh cow's milk. Cow's milk should be prepared as nearly as possible to represent the mother's milk.

If the stomach is very irritable, I prefer giving the milk peptonized.

Thirdly, the therapeutic treatment. On seeing my patient first, if the bowels are costive I give a cathartic; if they are moving gently and the stools are acid, I prefer as a cathartic Rochelle salts; and if they are alkaline I give castor oil; but if the bowels are moving very freely and my patient is much exhausted, I at once resort to my regular treatment.

In this I make opium my base and use adjuvants according to the reaction of the fecal matter; if acid, giving alkalies, and if alkali, giving acids. My experience has led me not to deal with the liquid preparations, and especially the weaker ones, unless my case on hand be exceedingly mild, or if my patient is over six months old. I use nothing but the powdered opium. The powdered opium is more constipating and more lasting in its effect than the liquid preparations.

In prescribing powdered opium I usually give to a child, one year old, one-fifth of a grain with ten grains of bismuth every two or three hours, watching carefully the effects of the opium on the system.

I never fear danger in giving opium to a child of that age, and persist in it, unless its pupil fails to respond to light, when I limit myself to the weaker preparations. While I make opium my base, I also give the chalk mixture, adding to each dose one grain each of salicylate of soda and saccharated pepsin. If I peptonize the milk I leave off the pepsin, giving it at intervals of four hours.

I believe in pushing the opium until you put the bowels at rest, and I think that no harm is done by arresting them as promptly as possible, if it is done in the acute stage of the disease, but after that has passed off, I think it harmful to force a check on an inflamed mucous membrane. For sick stomach, liq. calcis or a little soda may be added to the milk.

*Local Treatment.*—Stupes applied to the abdomen, composed of equal parts whiskey and turpentine, and occasional light mush or flaxseed-meal poultices, changed three times daily, will generally suffice.

This has been my plan of treatment for the past three years, and has proved in my hands most satisfactory.

A. L. HURTS, M.D.

SALLYVILLE, S. C.

### CINCINNATI LETTER.

**D**R. W. W. Dawson is congratulated on all hands by his many friends on his being able to preside at the recent meeting of the American Medical Association. His health had for some time threatened to prevent him from this honored duty.

Dr. J. T. Whittaker is spending the summer at Lake Chautauqua, as has been his custom for some time. By regularly visiting this resort he has built up a good summer practice there, and makes his summer's outing rather profitable.

Dr. N. P. Dandridge, after presiding over the section on surgery at the American Medical Association, at Newport, has gone on to Nova Scotia, where he will spend the summer, returning in September.

Dr. P. S. Connor, who delivered the Address on Surgery before the general sessions at Newport, will remain in the New England States till fall.

A case of Diabetes Insipidus, with favorable termination, was the subject of a paper read before the Cincinnati Medical Society, by Dr. Philip Zenner, Clinical Lecturer on Diseases of the Nervous System, Medical College of Ohio. He reported the case for the encouragement it might give in the management of similar cases, and for the therapeutic suggestions it may afford. The case was that of a boy twelve years old. He passed large quantities of urine, which had the appearance of distilled water. It contained neither albumen nor sugar, and had a specific gravity of less than 1001. Incontinence of urine compelled him to wear a rubber bag, and in this way the urine was measured and found to be about twenty-seven and one-half pints in twenty-four hours. The treatment consisted of electricity, antipyrin, and valerian. Antipyrin was given in seven and one-half grain doses three times a day, and powdered valerian root, one-half teaspoonful, three times a day. The electrical treatment consisted in the application of the galvanic current to the cervical sympathetic and to the spine, especially over the region of pain. The current used was of moderate intensity, the applications being made daily the first month, subsequently two or three times a week, each of about ten minutes duration. The improvement in the polyuria and the condition of the bladder was exceedingly slow, while other symptoms were ameliorated more rapidly, the appetite soon returning, and the pain entirely subsiding in a month or two. The improvement, though so slow



at first as to be scarcely noticeable from week to week, yet towards the last it was very rapid. He did not suffer from thirst, and drank very little. The specific gravity of the urine finally became normal, and he could hold his urine all night. As recovery in diabetes insipidus is extremely rare, especially in cases of a year's duration, it is very reasonable to attribute the cure, in part at least, to the therapy. He thinks all three remedies had a hand in the cure.

E. S. MCKEE.

## The Inquirer.

### ASSISTANCE REQUESTED.

I should like a little help in these two cases, for they have obstinately refused to yield to the treatment I have tried:

CASE I.—A woman; thirty-eight years old; married. She complains of a continual drowsiness, saying that she could sleep all the time. There is a history of intermittent fever nine years ago, and this trouble, now growing worse, she has had ever since. She complains of nothing else, but has an anteflexed uterus. At times she will go to sleep while conversing. I have given her salines, quinine, strychnine, and the like, but without effect.

CASE II.—A man, thirty-three years old, finds that his beard is growing white in spots about as large as a silver dollar. He has three or four such areas on his face; otherwise, he is in excellent health.

J. W. FRANKHAUSER, M. D.

SHORTLESVILLE, PA.

REPLYING to the articles of Drs. Saylor and Penney, on the Unpleasant Effects Following the Antifebrin, I would suggest that the cause of trouble in Dr. Saylor's case was too large a dose, and too low a temperature to indicate antipyretic treatment; in Dr. Penney's case, too frequent a repetition of the dose. The action of the drug begins in from one-half to one hour, reaches its maximum in about three or four hours; therefore, it is wrong to repeat the dose sooner than *three* or *four* hours, and if done bad or unpleasant results are sure to follow. I have used antifebrin quite extensively, and have had no unpleasant experiences to enter against it.

R. H. ENDICOTT, M.D.

OAKDALE, CAL.

## Book Reviews.

PSYCHOLOGY AS A NATURAL SCIENCE APPLIED TO THE SOLUTION OF OCCULT PSYCHIC PHENOMENA. By C. G. RAUE, M.D. Philadelphia: Porter & Coates, pp. 541, 1889.

Matters pertaining to the hidden and recondite are now no longer topics of discussion among an exclusive few dreamers, philosophers, metaphysicians, transcendentalists, and the like, but they are now subjects of conversation among the commonalty; and the words "psychics" and "psychology" are as common with the callow school boy and the pink and whitehigh school girl as "physics" and "physiology" formerly were.

One is liable at any moment to be engaged in a discussion as to the merits of therapy, and to be questioned on the difference between "phenomenon" and "noumenon," and on one's opinions about hypostasis, eschatology, avatar, etc.

All this is interesting, showing, as it does, that the scope of general reading is growing wider, and that the boundaries of general thought are widening.

Dr. Raue has undertaken in the first place to present psychology as a natural science, and in the second place to solve various occult phenomena by means of this science. His success we consider rather problematical, but at any rate he has written an interesting work, one that shows a careful study of his subject and a wide research.

The first part of the volume he devotes to an exposition of psychology as a natural science, and in the second part he applies this to the explanation of occult phenomena, such as mind-reading, hypnotism, thought-transference, and the like, making a very readable book.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Vol. II, No. 3. Contents: General Orthopædics, Including Surgical Operations. By DR. AUGUST SCHREIBER.

This volume ably keeps up the excellent standard held by these monographs.

It is written in a plain and clear style, and illustrated with a large number of cuts of various deformities, apparatus and instruments, so that the work cannot fail to be of interest and assistance to the practitioner who has anything to do with this branch of medicine.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Wm. Wood & Co., Publishers, 56 and 58 Lafayette Place, New York. Vol. III, No. 1. July, 1889.

The July number of this excellent series is especially interesting. It contains the following papers: Cancer and Cancerous Diseases, by Sir Spencer Wells, Bart. F.R.C.S.; Cardiac Dyspnoea and Cardiac Asthma, by Dr. S. Von Bosch; The Influence of Menstruation, and of the Pathological Condition of the Uterus on Cutaneous Diseases, by Dr. L. Greilley; Tension as Met with in Surgical Practice; Inflammation of Bone; Cranial and Intra-Cranial Injuries, by T. Bryant, F.R.C.S.; Antisepsis and its Relation to Bacteriology, by Dr. J. Nendorfer.

THE OLD HOSPITAL AND OTHER PAPERS. By D. B. ST. JOHN ROOSA, M.D., LL.D. New York: Wm. Wood & Co., 1889.

This is a second and enlarged edition of the author's work called "A Doctor's Suggestions." Three new papers have been added.

The author says that the "central idea of the papers is an attempt to define and adjust the relations of the medical profession to the community which it serves," certainly an object much to be commended. The papers are interesting and readable, especially that on the "Coming Medical Man." Dr. Roosa gives him an authority and a power in the community that, judging from the advances made in past years, will hardly be reached before the dawn of the millenium.



PHYSICIANS' LEISURE LIBRARY. GEO. S. DAVIS, Detroit, Publisher. THE TREATMENT OF THE MORPHINE HABIT. By E. P. HURD, M.D.

This is simply a translation of one chapter of Erlenmeyer's great work on the morphine habit, but it is the chapter of greatest importance to us—that of treatment.

There is also appended a report of a number of cases treated by Erlenmeyer's method, for the further guidance of those who have to handle patients afflicted with this most obstinate habit.

PAPERS READ BEFORE THE MEDICO-LEGAL SOCIETY OF NEW YORK, from its organization. First Series. Third Illustrated Edition. New York: The Medico-Legal Journal Association.

The papers in this volume are of the most commendable character and will prove instructive and interesting alike to the physician and to the legal man. Such societies as these, where doctors and lawyers meet on terms of equality, to exchange views about this or that pertinent subject, or to discuss a paper on a topic about which all are concerned, cannot fail to be of the greatest advantage.

Those who cannot have the pleasure of being present at these meetings may, nevertheless, receive in great part the benefit of them by reading the Transactions. Such a paper, for instance, as *The Sphere, Rights and Obligations of Medical Experts*, by James O'Dea, M.D., cannot fail to be of value to any medical man who may be called to the witness box in that capacity.

THIRD ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF OHIO FOR THE YEAR ENDING OCTOBER 31, 1888.

Every year the reports of our different State Boards of Health are becoming more compendious and more valuable. The work of these boards cannot be too much commended and encouraged.

In this country the whole matter of such reports may be said to be in its infancy, but there are great possibilities and probabilities in store as to our knowledge of the conditions favoring or discouraging the rise or spread of the various diseases considered generally. These great probabilities make us deeply regret the short sighted political jobbery, noticed in some of the States, which tried to cut down to a starving rate, appropriations for a purpose of such vital importance to every lover of life and health.

### Gleanings.

DR. KERR, of Rockford, Ill., has gone to Europe to study the treatment of hydrophobia.

DR. D. A. CHEEVER who has resided in Peoria, Ill., since the war, is going to take up his residence in Champaign, of that State.

DR. LESTER E. SHOCH, No. 1922 Diamond Street, Philadelphia, was last Thursday appointed by the Director of Public Safety, a Vaccine Physician of the Twentieth District, comprising the Thirty-second Ward.

DR. HARRY BAILEY returned to his home in Pekin, Ill., from Europe where, for a year, he has been visiting the large hospitals of London and Dublin.

CAIRO, Ill., has erected a handsome monument to the memory of Dr. Roswell Waldo, at Mound City, in recognition of his services in the yellow fever epidemic in 1878.

DR. J. F. FOX, formerly of Troy, but now a resident of London, and a member of Parliament, will take up his residence in this country again, either in New York or Albany.

DR. J. H. PHILLIPS of Preston, Minn., has been appointed a member of the State Board of Health, *vice* Dr. Hand of St. Paul, deceased. Dr. Phillips is a very popular physician, and was a member of the last legislature.

DR. T. W. BATTLE, an old and highly respected physician of Columbus, Ga., died at his residence Sunday, June 16, after an illness of considerable duration. The deceased was seventy-three years of age and leaves a wife and eight children.

THE medical board of pension examiners in Dubuque, Ia., now consists of Drs. M. H. Waples, J. S. Lewis, and George A. Staples. The latter was appointed to succeed Dr. M. E. Connelly. The board now consists of one Democrat and two Republicans.

THE semi-annual meeting of the medical society of Fulton county, New York, was held at Gloversville, Tuesday, June 18. Modern Treatment of Wounds was the subject of a paper read by Dr. F. Drury, of Breadalbin. Dr. W. C. Wood read a paper on Lazy Therapeutics. Miss M. Helen Cullings was admitted to membership.

OBITUARY.—At a recent meeting of the County Medical Society of Dansville, N. Y., a tribute to the memory of the late Zara W. Joslyn, who died April 25, was read. Dr. Joslyn was born in Cayuga, N. Y., November 6, 1815, and was graduated at Castleton, Vt., Medical College in 1842, and was very much respected.

DR. ISAAC W. MARTIN died June 20, at his residence, at Des Moines, after an illness of three weeks. Dr. Martin was born in Tippecanoe County, Indiana, November 11, 1838. He has been county physician and was for a time connected with the medical department of Drake University. He leaves a wife and one son. He was a prominent society man.

THE Coroner's jury of Clay Center, Kansas, brought in the verdict that the killing of J. P. Wellington, of Wichita, a St. Louis drummer, by Dr. J. P. Stewart, was justifiable homicide. Wellington was attempting to break up the family of Frank Head, whose wife was Dr. Stewart's daughter. Upon being encountered in the street he was first caned by the irate physician and then shot through the brain. The doctor gave himself up, but has since been entirely exonerated.

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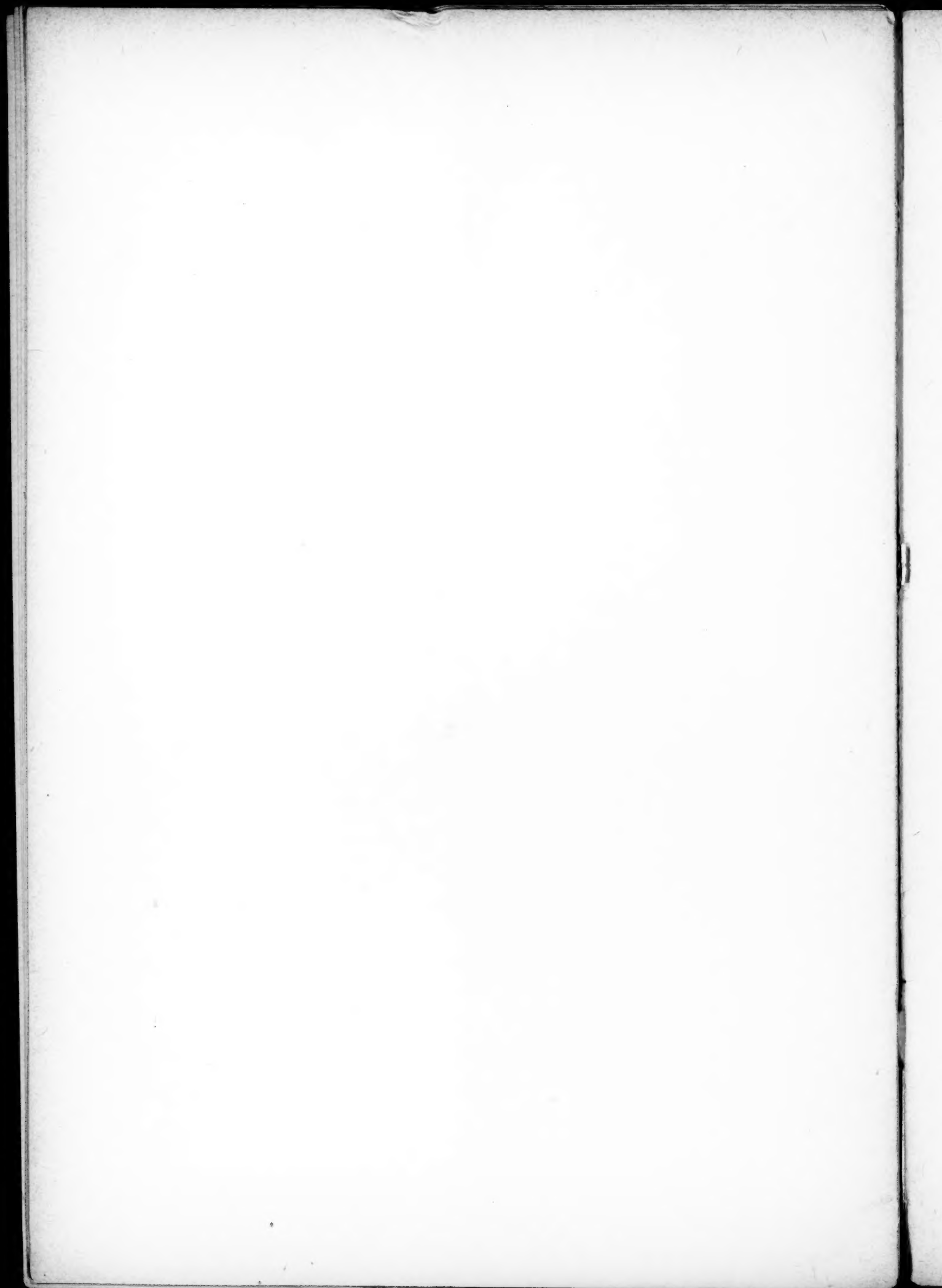
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**Volume V.**

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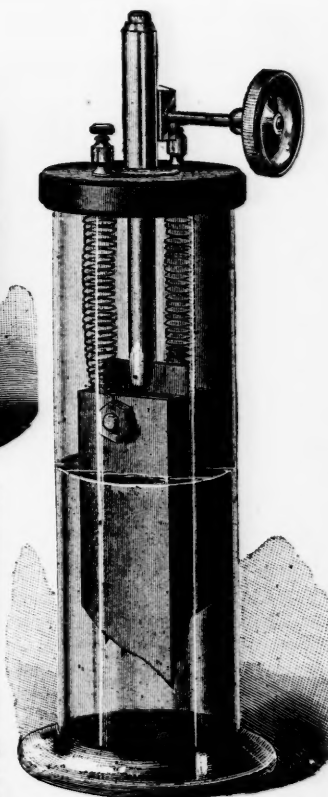


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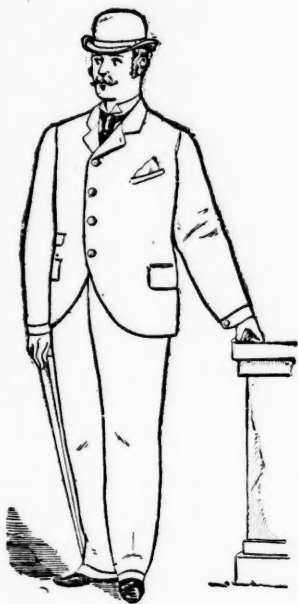
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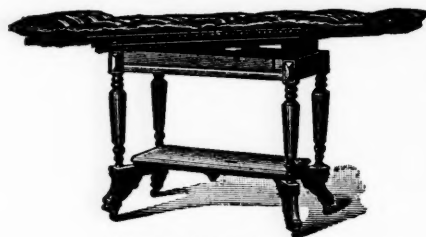
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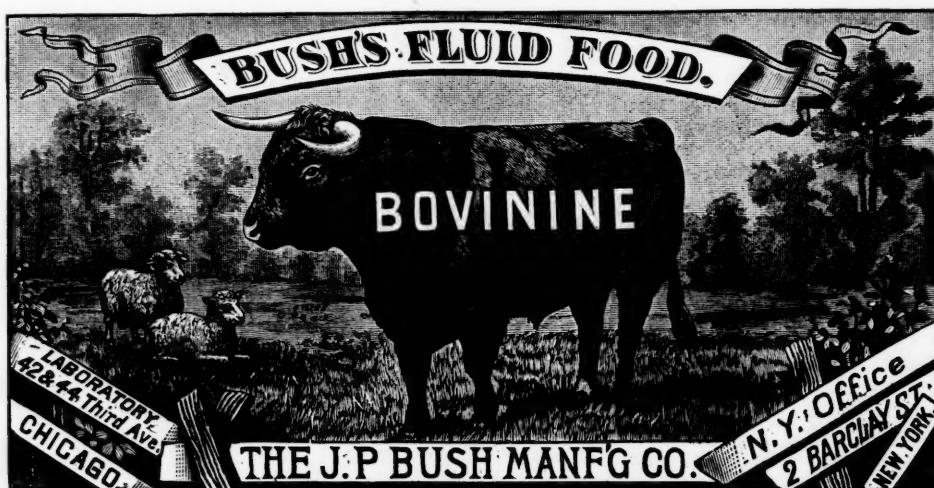
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Observation seems to sanction the fact that vegetable food elements are more readily assimilated by persons of feeble digestion than are the animal food elements, and especially when they have undergone the digestive process in the stomachs of healthy cattle. The juices of these animals, when healthy and fat, *must* contain all the food elements in a state of solution most perfect, and freed from all insoluble portions, and hence in a form more easily assimilated than any other known food.

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I have given it to patients continuously for months, with signal benefit, especially in complicated cases of dyspepsia, attended with epigastric uneasiness arising from enervation, and in nervous debility of long standing. The sudden and full relief this food affords patients who have a constant faintness at the stomach, even immediately after taking food, shows how readily it is assimilated. This faintness is a form of hunger, and is the cry of the tissues for food, not quantity but quality—a food that the famishing tissues can appropriate and thrive upon.

Raw Food is equally adapted to lingering acute diseases. I have used it in the troublesome sequelæ of scarlatina, where there was exhaustion from abscesses in the vicinity of the carotid and submaxillary glands; and in protracted convalescence from typhoid fever, with marked advantage. The cases that I especially value it in are laryngeal consumption and nervous exhaustion, in which cases there is always more or less derangement of the digestive tract, such as pain in the stomach, constipation, eructation of gases, distress after taking food, etc. Raw Food should be taken with each meal, the patients taking such other food as they can readily digest, in quantities suited to the individual case.

It adds much to the nutrition of the patient, overcomes the constipation, subdues the nervousness by increasing the strength, and is just the amount added which is required to secure success."

The unsolicited opinion of Surgeon-General Murray, U. S. A. (Retired).

"It gives me pleasure to give my testimony to the very great value of BOVININE as a dietetic preparation. I have used it for more than a year in a very aggravated case of nervous dyspepsia, and have found it to answer very much better than any of the many preparations or extracts of meat before used.

I find that it keeps perfectly even in the warmest weather; is very easily prepared for administration, and it has proved acceptable and beneficial in every case in which I have known it to be given."

PHILADELPHIA, PA., March 1st, 1887.

Very respectfully and truly yours,

R. MURRAY, M.D.,

Surgeon General (Retired) U. S. A.

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It deserves to stand in the front rank of constructives; and the constructives, by their preventive, corrective, and curative power, are probably the most widely useful therapeutical agents that we possess.

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I have subjected "Maltine" and all other leading "Extracts of Malt" to an exact quantitative comparison of their diastatic activity.

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Professor of Physiological Chemistry in Yale College.

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# Pepsin in Infantile Diarrhœa.

Statistics show that the mortality rate of infantile diarrhœa, as it manifests itself in the summer months, is higher than that of any other disease.

Unhygienic conditions and improper nourishment, aggravated by high temperature, are the chief causes assigned for the prevalence of this disorder. How to effectually remove or overcome these causes is a question of the gravest importance to sanitarians and physicians. It must be admitted, however, that these conditions, for a large portion of infantile humanity, must continue to exist, and consequently the problem presented to physicians is how to cure the disease, in spite of unfavorable conditions, when it has firmly established itself. The solution of this question often taxes the ingenuity and medical skill of the attendant in vain.

How shall the conditions present best be met? To answer this query has inspired exhaustive contributions from the pens of our most learned medical writers. It is admitted by all that one of the causes which incites and perpetuates the gastric and intestinal inflammation is undigested, or partly digested, fermenting milk or other food, the decomposition of which is accompanied by the development of ptomaines and other toxic principles. It is as an aid to the removal of this cause, both in predigesting milk or other food before it is given, and in digesting fermented undigested food in the stomach, that pepsin is indicated in infantile diarrhœa, and its efficacy has been attested by many well known medical writers. (See *J. Lewis Smith, M. D., Archives of Pediatrics*, Sept., '86, p. 518; Nov., '86, p. 639; Nov., 1864, p. 424. *Prof. Vocher, of Berlin Archiv. f. Kinderh.*, vol. 9, p. 3. *Dr. I. N. Love, St. Louis Weekly Medical Review*, Aug., '88. *T. Lander Brunton, Diseases of Digestion*, p. 291. *A. Holt, N. Y. Archiv. Pediatrics*, 1886, p. 732. *A. G. Bigelow, Archiv. Pediatrics*, 1884, p. 430. *Discussion at German Medical Congress, at Salzburg, 1881, by Demme, Biedert, Gerhardt, Henoch, Steffen, Thomas, Soltman, Pfeiffer. Prof. Leeds, Archiv. Ped.*, 1864, p. 421, etc.

With the improvements that have of late been made in the purity, quality and digestive efficacy of Pepsin, this agent is likely to play a more important and definite part in the treatment of intestinal inflammations than ever before. Its ease of administration, its certainty of action when a proper product is administered, will, we believe, lead to its extensive use.

We say *proper product*, advisedly, for it is well known that many pepsin products are absolutely inert or of very low digestive power, or infested with chemical poisons (leucomaines and ptomaines—see Vaughan and Novy's Ptomaines and Leucomaines), the disagreeable odor they possess being significant of putrefaction.

It goes without saying that a product of the latter type would only augment the inflammation, and physicians should look well to the character of the pepsin used. It should, in the first place, be absolutely devoid of the odor characteristic of putrefying mucus, and in the second place, it should freely dissolve in water at all temperatures, for, as solubility is one of the distinguishing peculiarities of the unorganized ferments, it is the best evidence of purity in a pepsin.

We guarantee the purity, activity and solubility of our pepsin products. Our pepsin is absolutely free from odor, and has been shown by expert examination to be free from ptomaines and leucomaines, and demonstrated by an exhaustive comparative test to possess twice the digestive power of the most active hitherto introduced. (See *Observations on Digestive Ferments*, by R. H. Chittenden, Ph. D., *Phila. Medical News*, February 16, 1889.

In raising the standard of digestive strength by our investigations, we have adopted 1 to 2,000, forty times that required by the last pharmacopœia, believing this strength would best meet practical requirements. We are, however, prepared to supply pepsins of almost any strength up to a product capable of dissolving 6,000 times its weight of albumin.

Since a 1 to 2,000 pepsin has been proven to be amply efficient and most convenient for making the official preparations, it is a question if a higher power pepsin, of which an inconveniently small dose would be required, would not unnecessarily embarrass dispensers without accomplishing practically any better results.

It is not probable that the pharmacopœia will ever adopt a standard for pepsin higher than that which we now observe, and it will only be by recognizing this authority that the term "pepsin" can ever come to mean a preparation of definite digestive strength. As it now is, unless some particular brand is specified, a pharmacist is justified in putting up the most worthless products on his prescriptions.

Sample of Pepsinum Purum in scales or in powder, and reprints of articles by eminent authorities on pepsin and pancreatin, list of preparations, and information of methods of peptonizing food, mailed free on request.

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